ADDRESS

VR A15 (VL)

25b. REGISTRAR'S SIGNATURE

2Sq. REC'D BY REGISTRAR

1968

Caroline Callogue & Minima Justin Justin 1/12/68 Oc- Dones -- X /CS = 10/28 08 12/0 08 == 12/6 Yolaland Land X 12/7/64

uted within 24 hours after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be ex

Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

312	15:00		(ERTIFI	CATE OF DE	EATH				1044	3
1. DECEASED-NAME (Type or print)	First GEOR(FIA	Middle MARRISON	ASH	Last IBY		2a. DATE OF	DEATH Month	19,	1968	2b, HOUR 7:55
3. SEX		4. RACE			S. DATE OF BIRTH			6. AGE (In ye	ors	IF UNDER TYEAR	IF UNDER 24 HR
Female		Col	ored		Aug.	11. 1	888	last birthday	YRS.	MONTHS GAYS	HOURS MIN
70. BIRTHPLACE (S	ate ar fareign	7b. CITIZEN C	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		COUNTY OF	DEATH			
Maryl	and		S.A.	WIDOWED	DIVORCED			WICO	MICO		1
Salisbur	y		11. NAME OF HOSPITAL OR INS give street address) Deer's Head	State	Hospital	12a. USUAL during mast	OCCUPATION of working !	(Kind af wark ife, even if re WITE	done tired.)	12b. KIND OF INDUSTRY	BUSINESS OR Home
130. USUAL RESIDE odmission) STATE Marylan	NCE (Where decease	ed lived, if in	stitution: Residence before	13c. CITY O	R TOWN 13d.	INSIDE CITY LIMIT	57 13e. ST6	EET AND NUM			1101110
14. FATHER'S NAM		Mide	dle Last	1	S. MOTHER'S MAIDE	N NAME First	1	Mi	ddle		Last
	Unknow	n				Unk	nown				
	EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY N	0. 17.	INFORMANT		R	outeAde	dres#	1	
Yes, po, or unkr	14117	-	,	Re	ece Sti	urgis	Sno	w Hil	1.	Md.	
1B. CAUSE C	F DEATH (Enter anl	y ane cause p	per line far (a), (b), and (c).)								MATE INTERVAL MSET AND DEATH
PART I.	DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a)	Recurrent	cereb	ral thron	mbosis					nonths
1410	0		OR AS A CONSEQUENCE OF								TO ALL DIAM
Canditians, i	any, which gave a diote cause (a),	(b)	Mypertensi	ve ar	terioscle	erotic	cardi	ovascu	lar	Ye	ars
	anderlying cause	DUE TO,	OR AS A CONSEQUENCE OF					dise	-		
PART 2. OTH	R SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED T	O THE TERMINAL DIS	SEASE ORCON	IDITION GIVEN	IN PART I(a)			
E D	labetes m	ellity	ıs								
190. DATE OF	PERATION 196. C	ONDITION FO	R WHICH OPERATION WAS PER	FORMED	20o. AUTOPSY?	NO 📆		YES, WERE FINI OF DEATH?	DINGS CO	INSIDERED IN CE	RTIFYING
₹ □ OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF CEATH Ify medical exomin	HOUR	AE OF INJURY A.M. Month Day Year P.M. 19	21c. H	OW INJURY OCCURR	ED (Enter n	oture of injur	in Part 1 or	Port 2, It	tem 18.)	
While N	wark		JRY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.				,	or Tawn		County	State
22a. I cer saw t	ify that (M) (this he deceased all sistated abaye	s hospital) ive an De (M (we) (a	attended the decease cember 19 19 did) (0.6%) X view the b	d from 1 68, an	d that in (***) (***) (***)	1919_6c our) apini	_, to De o an death o	corred on	19_19_ the dat	68, that re and haur o	(we) land from t
22b, SIGNATU	EV	lal	lue, lu	DEGI	ATTENDING PHYS.		CTOR 🗆	STAFF PHYS.	22c. D	2/20/68 Maryla	
22d. PHYSICI. NAME (T		Maldv	e, M. D.		Deer's		State	Hospit	tal,	Salisb	
23a. BURIAL, CREM REMOVAL (Sp	diful	ATE 2/22/	23c. NAME OF C		CREMATORY			(City or Town	,	(County)	(State)

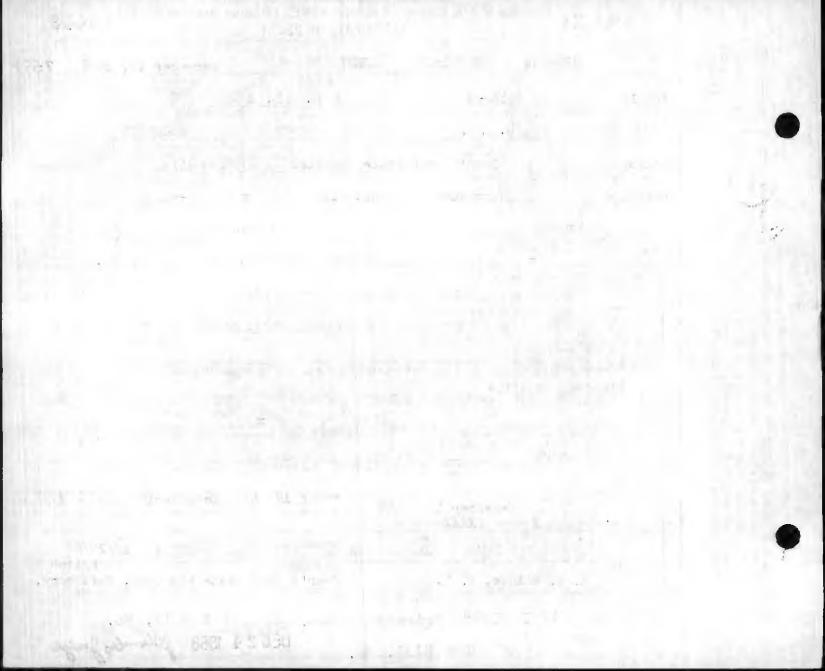
Snow Hill

Snow

2Sb.

REGISTRAR'S SIGNATURE

VR A



23b. DATE

Dennis Funeral Home. Snow Hill. Md.

23c. NAME OF CEMETERY OR CREMATORY

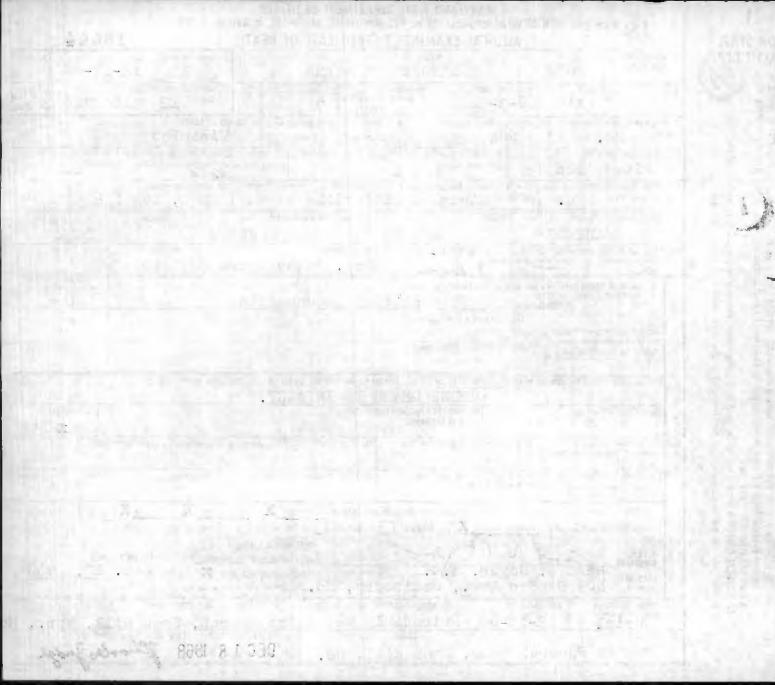
20. DATE KNOWNER Month Doy 2b. HOUR ESTI-12-10-68 DEATH MATED 2c. DATE PRONOUNCED DEAD 2d. HOUR. 72 Doy 7 () 5:30M 9. COUNTY OF DEATH Wicomico 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13e. STREET AND NUMBER RFD 1, Box 114 JOYCE DALE **ADDRESS** Mrs. Joyce Ayers (mother) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hours 20. AUTOPSY? YES 🗶 NO 🗌 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) City or Town County Stote Inspection [X], Inquiry K. and in my opinion Undetermined manner 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER Dec. 12, 1968 DEPUTY MEDICAL EXAMINER Camden Ave., Salisbury, Md DRESS(Street, city, town, or county) 23d. LOCATION (City or Town) Friendship Methodist Church, Snow Hill, 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE DEC

18444

VR A15ME (5) 10M REV. 1/68 230 BURIAL, CREMATION,

REMOVAL (Specify)

Burial 24. FUNERAL DIRECTOR



PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

21d. INJURY OCCURRED

(If either, notify medical examiner)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES | NO T 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

Manth Day Year

AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No.

City or Town

STAFF PHYS.

1969

State County

(State)

While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 12.12.19 110 1968, ta 19 5, and that in (my) (aur) apinion death accurred an the date and hour and from the saw the deceased alive oncauses stated abave (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED

PHYS.

22e. ADDRESS

PHYSICIAN'S NAME (Type)

23d. LOCATION (City or Town)

MED. DIRECTOR

2

(County)

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)

21b. TIME OF INJURY

P.M.

HOUR A.M.

21e. PLACE OF INJURY

2Sa. REC'D BY REGISTRAR

2Sh. REGISTRAR'S SIGNATURE Mlan

30M REV. 1/68

director, page 3 shauld be filed v

death.

sician and completely filled in by the funeral please remove carbon papers. Pages I and I, and in any event, within 72 haurs after death

signed by the attending physician and completely burial-transit permit. Then please remave carbot

burial, cremation, ar remayal, and in any

priar tal has been

be detached far use State Dept. af Health

O FUNERAL DIRECTOR: After this certificate

3 should with the

be retained by the haspital ar

OR ATTENDING

USe

PHYSICIAN: The law requires that the death certificate be executed to baspital ar attending physician.

haurs after death

2. 2-1897 5.3/11/23/03 the trade of the particular parti Blanklander all the second of the second o all walk the supermall droven 1984 Inter

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18403

deoth.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and completely fred in by the director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon pagers. Pages and be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours a

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

I W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	10110
RTIFICATE OF DEATH		18446
1.4	A DATE OF DEATH	

_	451	CHILL	IL OI DEATH				
	CEASED-NAME Pirst Middle Middle Proprint) MILTON MCCANN	B	iveh	20. [DATE OF DEATH Month	Day Year 27/1968	2b. HOUR
3. 5		Is.	DATE OF BIRTH	6	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
	male white		Feb. 16,1	908	lost birthgay)	RS. MONTHS DAYS	HOURS MIN
	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8.	WARRIED X	NEVER MARRIED	9. COU	NTY OF DEATH		
	V.S.A. W	IDOWED 🗌	DIVORCED		liconico		Md.
1D.	ITY OR TOWN OF DEATH 11. MAME OF HOSPITAL OR INSTITU		during		PATION (Kind of work do orking life, even if retire	d) INDUSTRY	F BUSINESS OR
120	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c		X L IY	100	CHANT	ONI	n stued
odn	SSION STATE & LAND PABLICOUNTY &. OC	COAN C		NO	13e. STREET AND NUMBER	TIMORO	AKE
14.	ATHER'S NAME First Middle Last		NOTHER'S MAIDEN NAME		Middle		Lost
	WILLIAM L. BIRCIT		TELECE	7	HALL		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. es, no, or unknown) (If yes give war or dates of service) 417-09-134		RC. M. M.	312	EH OUDA	- []	MO
	18. CAUSE OF DEATH (Enter only one court of line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY:	1	0	-		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMEDIATE CAUSING	14	rombos			10	Mys
	DUE TO, OR AS A CONSEQUENCE OF						
	rise to immediate cause (a), (b)						
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF						
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RI	FLATED TO T	HE TERMINAL DISEASE OF	COMPILIO	N CIVEN IN PART 1/a)		
7	332 X	LLATED TO F	TE TERMINAL DISEASE OF	COMPIETO	ME OUT HE LAKE HOT		
FICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFOR	MED	2Do. AUTOPSY?		2Db. IF YES, WERE FINDING	S CONSIDERED IN C	ERTIFYING
TIFIC			YES NO		CAUSES OF DEATH?		
L CERTI	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	21c. HOW	INJURY OCCURRED (Ent	ter nature	of injury in Part 1 or Part	2, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Month Day Year P.M.						
ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, While 1 Not while 1 work 1 office Building, ETC.	21f. LOCA	TION Street at R.F.D. N	lo.	City or Town	County	State
	22o. I certify that (I) (this hospital) attended the deceased fi	rom	, 19_		10	19, that	(I) (we) lost
	soy, the deceosed alive on19	, and t y ofter dea	hat in (my) (our) op oth.	pinion d	eoth occurred on the	dote and hour	ond from the
	22b. SIGNATURE		ATTENDING *-	MED		22c. DATE SIGNED	
	Warit & Tilmore	DEGREE		MED. DIRECTOR	STAFF PHYS.		
	22d PHYSICIAN'S NAME (Type)		22e. ADDRESS				
23 a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEME	TERY OR CR	EMATORY	23d.	LOCATION (City ar Town)	(County)	(Stote)
	Smith 12/26/68 Ever	gree		/	Berlin	Wor	my
24.	FUNERAL DIRECTOR O Bullone BADDRESS	M	2Sa. REC'D	BY REGIS	TRAR 25b. REGISTR	AR'S SIGNATURE	100 .

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed w	Page 4 may be retained by the hospital or ottending physicion.	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete	50	satould be tiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, w	
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22d. PHYSICIAN'S NAME (Type)

23o BUR AL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR

23b. DATE

Framptom Foneral Home, Federalsburg, Maryland on AN 3

hours ofter death

22c. DATE SIGNED STAFF DEGREE DIRECTOR 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Dec. 20.1968 Junior Order Cemetery Preston Maryla from Tramplow 1. 2Sa. REC'D BY REGISTRAR



18175

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301_W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CE	ERTIFICATE OF DEATH	18448	
Middle OST	Last BONNIWELL	2a DATE OF DEATH Month Day Year December 25 1968	2b H0
	S. DATE OF BIRTH		UNDER 24

	CEMSEU-MAUNE	LIIZI		Minale		LUST		20. U	ALE OF DEATH			ZB. NU	UK
{T ₁	ype ar print)	IV	AN	POST		BONNI	WELL	0-	Manth cember	Day	Year	3.7.05	- _A M
3. SEX	Χ		4. RACE		-	S. DATE OF	BIRTH	- ue	6. AGE (Ir	years	IF UNDER I YEAR	IF UNDER 24	HRS.
	Male		Wh:	ite		April	28, 190	80	lost birt	hday) YRS	MONTHS CLAYS	HOURS	JAUN.
	IRTHPLACE (State ar	fareign	76 CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D NEVER N	ARRIED	9. COUN	ITY OF DEATH				
caun	™) Virqini	a	USA		WIDOWE		ORCED	W	ICOMICO				Md.
0 CI	ITY OR TOWN OF DE			ME OF HOSPITAL OR INS	TITUTION (rat in haspita			ATION (Kind of v		12b KIND OF	BUSINESS OF	R
	Salisbu	iry	, Pei	treet address) ninsula Ge	neral	Hospi	ta Che	ef w	orking life, even i	if retired)	Resta:	urant	
		/here deceas	and the second				13d HNSID€ CITY x3		130. STREET AND N	NUMBER			
ACRINIS	ssion) STATE	laware	136 COUNTY	ussex	Deln	nar	YES NO		Rt. 2				
14. F	ATHER'S NAME	First	Middle	Last		IS. MOTHER'S	MAIDEN NAME F	irst		Middle		Lost	
		esse	Lee	Bonniw			Alic	e			Lew	is	
	WAS DECEASED EVER es, na, ar unknawn)	IN U.S. ARN I (If yes give w	IED FORCES? or or dates of service)	16b. SOCIAL SECURITY N		INFORMANT		_		Address R			
	No			231-14-27	49 N	irs. Do	ris E.	Bonn	iwe11, [e Imar		ware	
	IB. CAUSE OF DEA PART I. DEATH	TH (Enter and	y ane cause per lin	e for (a), (b), and (c).)		, 5		>	1			IMATE INTERVAL DISET AND DEAT	
- 1			TE CAUSE (a)	Can	AL	ac	Ur	200	2 10				
- 1	4139		DUE TO, OR A	S A CONSEQUENCE OF			12		*				
	Canditians, if any, in rise to immediate		(b)	Olhe	ally	7	May	1	nea				
- 1	stating the under		DUE TO, OR A	S A CONSEQUENCE OF									
-1	last.)	(c)				/						
-1	PART 2 OTHER SIG	NIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED	TO THE TERM	NAT DISEASE ORC	ONDITIO	N GIVEN IN PART	1(a)			
8	ho in												
MEDICAL CERTIFICATION	19a DATE OF OPERAT	TON 196.	CONDITION FOR WH	CH OPERATION WAS PER	RFORMED	1	TOPSY?		20b. IF YES, WERE CAUSES OF DEATH:		ONSIDERED IN C	ERTIFYING	
RTF						YES							
¥	21a. ACCIDENT WAS			Manth Day Year	210	HOW INJURY	OCCURRED (Enter	r nature (of injury in Part 1	ar Part 2,	Item IB.)		
ğ	(If either, natify me	edical examin	er) P.M.	19									
~	21d INJURY OCCUR While Mat while	KED 216.	PLACE OF INJURY	AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	10kt,) 211.	LOCATION S	reet ar R.F.D. Na.		City or Town	,	County	Stat	0
- 1	at wark'''' at wark	h_	1 2 12 4	1 1 1	1.6	-1/1	1/2 106	0.	- /5/	1 10	100 41-	(Q))	1 .
-1	220. I certity 1	aceased a	is naspital) atte	nded the decease		nd that up			a	, 17.	that	and fram	iast the
	causes sta	ted abave	, (I) (we) (did)	(did nat) view the l	oady afte	r death.	my/(doi) api	man ac	Juli accomod	an me ge	ire and nati	une mum	1116
- 1	22b SIGNATURE	-2/-2	n 17		11	ATTEN	DING —	NED.	STATE		DATE SIGNED		
			160	Bow.	DE	GREE PHYS.	DING D	IRECTOR	STAFF PHYS.	∐ Dec	cember_	26/19	968
	22d. PHYSICIAN'S NAME (Type)				V .		DDRESS						
	Manue (17pe)	Dr. W	<u>illiam B</u>	. Smith			<u>alisbur</u>	y, M	Maryland				
720	REIDIAL CREMATION	23h I	ATE	237 NAME OF	EMETERY (D CDEMATORY		734 [OCATION (City or	Town	(Countri)	(Stota)	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletory filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remays carban papers, Lagos 1 and should be filed with the State Dept. of Health prior ta burial, cremation, ar remayal, and in any event, within 7 haars after death Page 4 may be retained by the haspital ar attending physician. O HOSPITAL

er death. l and 2

VR A15 (4) 30M REV 1/68

REMOVAL (Specify)
Burial

24 FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND

28.1968

St. Stephens Cemetery Delmar.

ADDRESS 250. REC'D BY REGISTRAR Sussex. Delaware DATE DEC 30 1968



23c. NAME OF CEMETERY OR CREMATORY

Willerda

AD DRESS

23d. LOCATION (City or Town)

1968

250. REC'D BY REGISTRAR

DATE DEC

(Stote)

(County)

Wicomicons

VR A15 141)

23b. DATE

23o. BURIAL CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify)

requires that the death certificate be executed within 24 hours ofter death.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

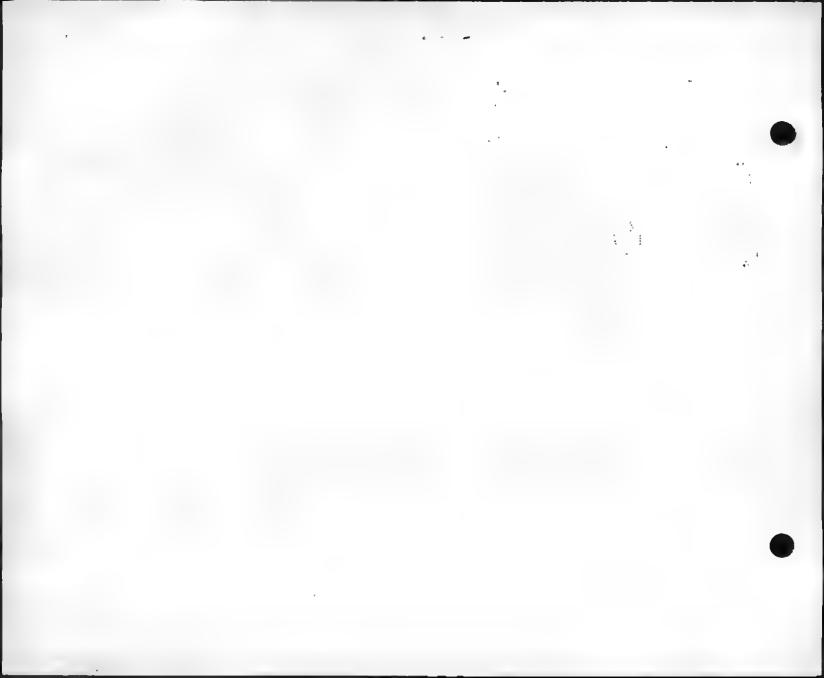
21		CEASED-NAME First		Middle		Lost		2o. DAT	E OF DEATH			2b 1	HOUR
Ch	(1	ype or print) - Sohw	GIL	LETT		Britto	noham	200	Month	Day	Year 1968	10	PM
-	3. SE	Х	4 RACE			5. DATE OF			6. AGE (In year		VOER 1 YEAR	IF LINGER	24 HRS
		MALE	11	hite		2	8, 1882)	lost birthday)	YRS. MONT	HS DAYS	HOURS	MiN
	7a. E	SIRTHPLACE (State or foreign	76 CITIZEN OF WHAT C	OUNTRY?	8. MADDIET	☐ NEVER MA			OF DEATH	1102			
	coun	Maryland Maryland	USA		WIDOWED		DRCED	· .	Vicomico				aa d
	10 C	ITY OR TOWN OF DEATH		OF HOSPITAL OR INS					IION (Kind of work	dane 12	E KIND OF E	RUSINESS	Md
>	10. 0	Salisbury	give street	address) Pe	enins	ula	quitud u	ost of worl	ing life, even if reti Farmer	red.) IN	Parmi		VK.
	120	USUAL RESIDENCE (Where decease	nd lived of specializations (Genera	13. (ITY 0	pital	13d. INSIDE CITY I		Farmer STREET AND NUMB		Farmi	ng	
1.7		ssion) STATE	LI3P COUNTA				VCC I				_	1.	
1	14 6	Maryland		comico		sville			Railroad 8		<u>е, во</u>		
i i	14, 1	ATHER'S NAME First	Middle	iost		I2 WOTHER 2 I	MAIDEN NAME		Mid			Lost	
	2.4	Azariah		Britting		INTOR SALLEY	Melis				Parke	er	
	160. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w	or or dates of service)	SOCIAL SECURITY N			Daughte		Addr	_	x 42		
		No	2	16-07-21	19-A	Mrs. S	<u>arah M.</u>	Bake	r, Pittsv	/ille,		/land	
	П	18. CAUSE OF DEATH (Enter on-					,		Λ.		BETWEEN ON		
	П	PART 1 DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)C	enelle	4/2	hrow	10512	Meer	arent		hr	. 5	
	Ц	4109	DUE TO, OR AS A G	CONSEQUENCE OF							3		
		Canditions, if only, which gave)	(b) Y	nyoca	redic	I wil	alect	No.			99	any	2
		rise to immediate cause (a), (stating the underlying cause)	DUE TO, OR AS A	CONSEQUENCE OF		. (3	1				-U	
		lost.	(0)	12 Jan	coscl	enot	c hea	int	diseas	e	YV	25	
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBLTING	TO DEATH BUT NO	OT RELATED	TO THE TERMIN	IAL DISEASE OR	CONDITION	GIVEN IN PART 1(a)				
ļ		+1 . C \nu	ouce Ex	nishas	0140								
× /	NO II		CONDITION FOR WHICH O	PERATION WAS PE	RFORMED	20a. AU1	OPSY?	20	b IF YES, WERE FIND	INGS CONSID	ERED IN CE	RTIFYING	
X	CERTIFICAL					YES [NO [CA	USES OF DEATH?				
	CFR1	21a, ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJU	JRY	21c	TOW INJURY O			intury in Part 1 or P	art 2, !tem	IB.)		
	3	OR CONTRIBUTING CAUSE OF DEAT		onth Day Year			•			,	,		
	MEDICAL	(If either, natify medical examination of the control of the contr	PLACE OF INJURY (AT H	OME, FARM, STREET FAC		OCATION Str	eet or R.F.D. No	}	City or Town	Co	บาโร	5	tate
		THE THE PERSON	OFFIC	E BUILDING, ETC	//	.00,1101	001 01 1631 25 116	,	,	44	,		
		at wark at wark 22a. I certify that (1) (the	r hasnital\ attends	d the decase	nd fram	11-77	19	G & to	12-6	10 68	that	(1) Kay	a) last
		saw the deceased a	live on \= <	- lie decedse	968.0	nd that in (ny l (aur) ap	inian dea	th accurred an t	he date a	nd haut c	and tro	m the
		causes stated above	(I) (we) (did) (did	not) view the	bady after	death.	(/	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				.,,,,-	,,,,,,,
		22b. SIGNATURE	2 1 1			ATTENIO	INC.	wr 5	CTACC	22c. DATE	SIGNED		
		Solum 50	shelle	y Mi	() DEC	REE PHYS	ING G	MTED Director	STAFF PHYS.	Decem	iber 6	, 19	968
		22d. PHYSICIAN'S		0		22e. Al	DRESS						
		NAME (Type) John	T. Bulkele	y, M. D.		S.	SALISBU	JRY BL	VD. SALI	ISBURY	, MAR	YLA	ND
	23 a.	BURIAL, CREMATION, 23b. (DATE	23c NAME OF	CEMETERY O	R CREMATORY		23d. LO	CATION (City or Town	i) (Co	ounty)	(Stote)
		REMOVAL (Specify) Dec	. 10,1968	01d Pit	tsvi1	le Cem	eterv	Pit	tsville.V	/icomi	co.Ma	rv1	and
On	24	FUNERAL DIRECTOR		ADDRESS			2Sa. RECD I	BY REGISTRA	AR 256 REGIS	TRAR S SIGN	ATURE		
AC 3E		HALLOUAV S CO	ADANIV CAL	VOLIGOT	MADVI	AND	I HE C	1 17	1000 00	/ · _ //		-	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 3 shauld be filed with the State Dept. of Health priar ta burial, cremation, or remaval, and in any event, within 72 haurs afterydeath VR A15 (4) 4 30M REV, 1/6

executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital or attending physician.



DIVISION OF VITAL RECORDS, 302 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

				CERTIFIC	AIL OF PLAT	11			
	famina na nau'	First	Middle		Lost	20	DATE OF DEATH	V	2b. HOUR
(1	ype or print)	OORA	MAE		BR OWN		December D	⁵ ¹ 1968	8 6:30Rm
3. SE		4. RACE	1.45 2 3-		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Female		White		March 20,		lost dirthday)		HOURS MILE
	BIRTHPLACE (State or foreign		OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED		INTY OF DEATH		
	Maryland		SA	WIDOWED			ICOMICO		Md
0. (ITY OR TOWN OF DEATH Salisbur		11. NAME OF HOSPITAL OR 1 give street address) Peninsula Ge				JPATION (Kind of wark done working life, even if retired) 71 TE		BUSINESS OR
30.	USUAL RESIDENCE (Where de					CITY LIMITS?	13e STREET AND NUMBER		
dm	ssion) STATE Maryla	and 13b. COU	Wicomico	Parson	sburg YES 🗆	NO 🗀	R.D. #2		
4 1	FATHER'S NAME First	Mid			. MOTHER'S MAIDEN NA	ME First	Middle		Lost
	John	1	T. Hammor	nd	Sa	allie		Lank	
	WAS DECEASED EVER IN U.S.		16b. SOCIAL SECURIT	Y NO. 17. I	NFORMANT (Hus	band)	Address	R.D.#2	
Υ	'es, no, or unknown) (If yes	give war ar dates of servi	ce)		*		wn, Parsonsb		vland
٦	18. CAUSE OF DEATH (Ent	er only one couse	per lime for (c), (b) and (.2	APPROXIA	MATE INTERVAL MSET AND DEATH
	PART 1. DEATH WAS CA	NUSED BY-	Huzerd	3	1. Ca. 0	100	ward all	1 ceste	118611
	4120	AEDIATE CAUSE (a)	OR AS A CONSEQUENCE O						
	Conditions, if any, which g	ove)		,,,			delad		
	rise to immediate cause		OR AS A CONSEQUENCE O)F					
	stating the underlying ca lost.	use (c)		*					
	PART 2 OTHER SIGNIFICAN			NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITIO	ON GIVEN IN PART 1(o)		
	24 V	-							
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION WAS I	PERFORMED	20a AUTOPSY?		20b. IF YES, WERE FINDINGS	CONSIDERED IN CE	ERTIFYING
200					YES N	0 🗖	CAUSES OF DEATH?		
	21a. ACCIDENT WAS UNDE	RLYING 21b. TI	ME OF INJURY	21c H		_	of injury in Part 1 or Part 2	2, Item 18.)	
MEDICAL	or contributing (Auseo)		A.M. Month Doy Yes P.M.	or				,	
MED	21d. INJURY OCCURRED	21e. PLACE OF INJ		FACTORY, 1 21f LC	CATION Street or R.F.	D Na.	City or Town	Caunty	State
	While Nat while at wark		\ OFFICE BUILDING, ETC.	1		_	,		
	22a. I certify that (I)	(this hasnital)	attended the decet	sed fram	LA 20	19.60	to /2 -5 , 1	9 Com that	(II) (we) last
	saw the decease	d alive on/	2-5 OX	_19, and	d that in (my) (aur) opinion (death occurred on the o	date and hour	ond from the
		ove, (I) (we) (did) (did not) view th	e body offer (death.				
	22b. SIGNATURE		ann.		ATTENDING	MED.	STAFF C	c. DATE SIGNED	A
	(1) cel	el D	· Elle	<u> → DEGR</u>	111();	DIRECTO	R L PHYS. L D	<u>ecember 🤇</u>	<u>a</u> /196
	22d. PHYSICIAN'S NAME (Type)		-111		22e. ADDRESS	1	0 11 1		
_	ur.		R. Fllis, Jr				er, Salisbur		
30	REMOVAL (Specify)	73b. DATE		F CEMETERY OR			LOCATION (City or Town)	(County)	(State)
0.1		Dec. 8,		1 Cemet			1ston, Wicomi		and
24	FUNERAL DIRECTOR	COMBAN	ADDRE		ZSo. RE	EC'D BY REGIS			
	MULLUWAY	- CUMPAN	Y, SALISBUR'	r, MAKT	LANU DATE	トレリ	1968 gcl	me Par Osas	Rea

O NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death.

Page 4 may be retained by the haspital ar attending physician. med in by **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely fined in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagests. Pshauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haur



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			工的生到		CERTIFICATE O	F DEATH		18452
누건丰			ECEASED-NAME First	Middle	Lost	20. 1	DATE OF DEATH	2b. HOUR
oneral ond		(1	Type or print)	DIA	Brow	00	December.	Doy Yeor VA M
		3. SE	X	4. RACE	5 DATE OF	BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
by the pages ours afte		1	-emale	Nearo	(De)	15 189	lost birthdoy)	MONTHS DAYS HOURS MIN.
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ers 72h		COUL	VIRGINIA	W.S.A		VORCED 🗍	Wicomico	Md
pop In /	3	10. 0	CITY OR TOWN OF DEATH		INSTITUTION (If not in hospita		IPATION (Kind of work dor	
± a t	1		Salisbury	give street oddress) P	eninsula eral Hospita	a.7 during most of w	vorking life, even if retired	.) INDUSTRY
lete carb nt.			USUAL RESIDENCE (Where deceos	ed lived, if institution. Residence before		13d INSIDE CITY LIMITS?	13e STREET AND NUMBER	00.
ing physträn and campletely tilled in by the to Then please remave carban papers Pages T emaval, and in any event, within 72 hours after	23	odm	ission STATE LAND	13b. COUNTY OR CESTE	- DNOWHill	YES NO 🔼	HYRESLAN	e-Kit.D
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			WAS DECEASED EVER IN U.S. ARI	AED FORCES?	ITY NO. 17. INFORMANT	. 0	n Address	'
hys al		L'	fes, na, or unknown) (If yes give v	Tonu	C Social	Deduce)	7Wefare - As	withell, ma,
Jing ph Then remov			18 CAUSE OF DEATH (Enter or	ry one couse per line fer (o), (b), ond	(c))	U		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
andin mit. ar re			PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (0) Cereb	rol Thi	rom Dosis		
permit.			4339	DUE TO, OR AS A CONSEQUENCE	OF . A	,		
			Conditions, if only, which gove		val Hrt	Errosclev	10513	
by the ransit			rise to immediate couse (a), stating the underlying couse(DUE TO, OR AS A CONSEQUENCE	OF			
			lest. 333 x	(c)				
signed by the burial-transit burial, cremat			PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART J(o)	Λ <i>/</i>
		2	Debydrati	on Mol Aus	trition.	Orinary	1 tract 1	n Lection
icate has been far use as the Health priar to	1	FICATION		CONDITION FOR WHICH OPERATION WAS	S PERFORMED 200. A	UTOPSY?		S CONSIDERED IN CERTIFYING
has se c th	34	E	′		YES	□ NO 🔀	CAUSES OF DEATH?	×
ate = u		L CERTI	210 ACCIDENT WAS UNDERLYIN			OCCURRED (Enter nature	of injury in Port 1 or Port	2, Item 18.}
-		MEDICAL	OR CONTRIBUTING CAUSE OF DEA		90r			
this certi etached Deot. at		WE	21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREET OFFICE BUILDING, ETC.	FACTORY) 211 LOCATION S	treet or R.F.D. No.	City or Town	County State
this leta			at work of work					
fter be o		1	22a. I certify that (I) (H	is hespital) attended the dece	ased from LEC	7_ , 1968,	to Dec 5,	19 <u>68</u> , that (I) (🖦 last
F P P			saw the deceased a	live on 1) C 4 e, (I) (me) (did) (dil 164) view ti	19 (&&, and that in	(my) (##) opinion o	deoth occurred on the	dote and hour and fram the
			22b SIGNATURE	e, (I) (me) (ulu) (am-mor) view i	AA I		1 2	2c DATE SIGNED
2 8 8 ≥				mas C. Hill	DEGREE PHYS	IDING MED.	C STAFF	12-5-68
ege free			22d. PHYSICIAN S	wear a last	AI IIII	ADDRESS 0 / /	7/ 1/ 1	1 1 1
ar, po	1		ALABIC OF 1 TO 1	MAS C. HIL	LIMD	Pine Blod	Rood Da	lishury Md
rectal regal	11	230	BURIAL, CREMATION, 23b	DATE 23c NAME	OF CEMETERY OR CREMATOR		LOCATION (City or Town)	(County) (State)
2 - 2 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 -	2	250	REMOVAL (Specify)	212-68 Lift	in Bout of	Com	Super 4:11	West Med
- 10	1	24.	FUNERAT DIRECTOR	ADDR	ESSO447	2So REC D BY REGIS	STRAR 25b REGISTR	R S SIGNATURE
30M PIST	1/68		Loutla DY	villey Salista	eres. Ind.	DATE DEC 2	4 1968 200	carles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral girector, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. executed within 24 hours offer death ificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death cell Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18454 20. DATE OF DEATH 1. DECEASED NAME Eirst within 24 hours after death after death physician and completely filled in by the funeral (Type or print) Month AIS DECEMBER 3. SEX 6 AGE (in years last-bythday) Caucasian 13 November 1889 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED PY NEVER MARRIED "Delaware USA. WIDOWED [7] DIVORCED [Wicomico 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) Salisbury-Peninsula give street oddress) Hospital 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) & STATE

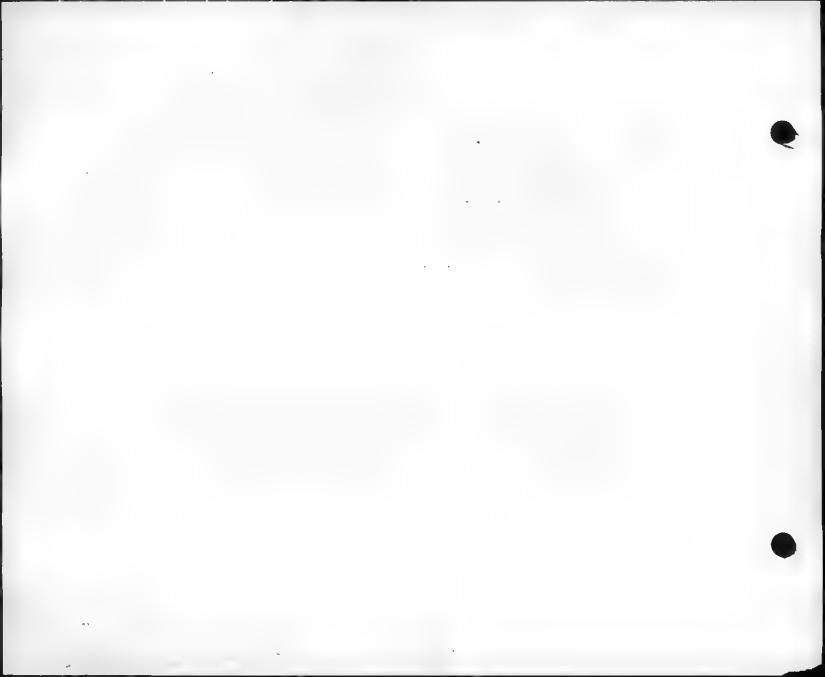
13b COUNTY SELECTION Franklon 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER requires that the death certificate be executed admission & STATE Franklord YES Route 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Mrddle Frank Williams Hudson Williams Anna 16b SOCIAL SECURITY NO 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, not or unknown) (If yes give war or dates of service) Address Yes, not or unknown) 222-24-1421-13 Francis Daisey - Frankford, Delaware signed by the offending phy bunal-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)

PART I, DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a)

CCVCINGW avernoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO D 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) TO DR CONTRIBUTING TO CAUSE DE DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this hespitel) attended the deceased from Nov 18, 1908, to Dec 4, 1968, that (I) (1) last saw the deceased alive an Dec 4 1968, and that in (my) (con) apinian death accurred an the date and hour and from the director, page 3 should should be filed with the causes stated above, (i) (we) (did) (dataset) view the body after death. 22b. SIGNATURE -DEGREE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS 22d PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23g BLRIAL, CREMAT ON 23d DCATION (City or Town) (County) (State) BARMOVAL Specify) December 68 Millsboro, Delaware Millsboro - Sussex -Delaware 25a REC'D BY REGISTRAR 24. FUNPRAL DIRECTOR 2Sb. REG STRAR'S SIGNATURE DATDEC 10 Millsboro, Delaware 1968

MARYLAND STATE DEPARTMENT OF HEALTH



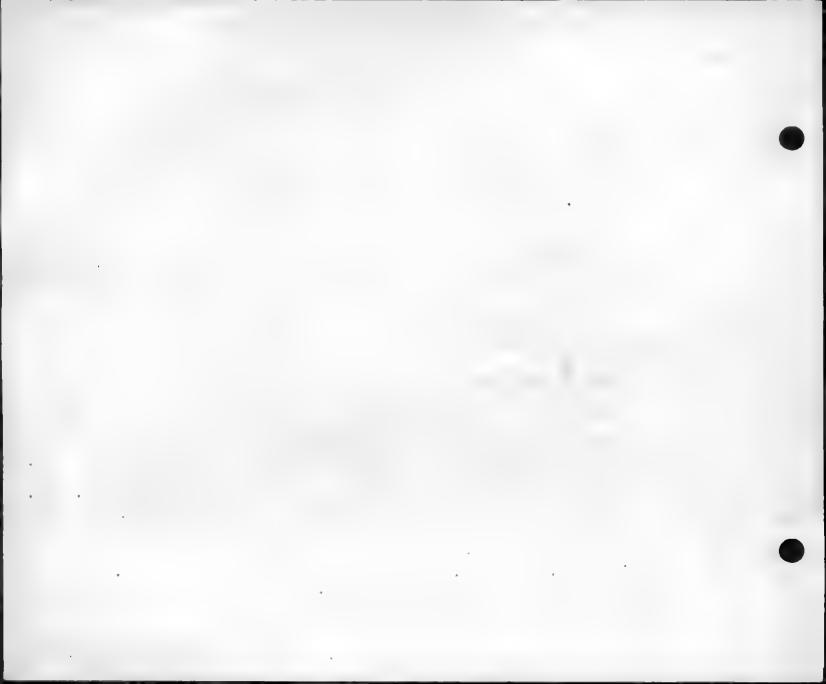
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18455 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost . physician and completely filled in by the funeral non please remave carbon papers. Pages 1 and 2 non please remave within 77 haus after death. 20 DATE OF DEATH 2b. HOUR executed within 24 haurs after death. (Type or print) 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years E JNOER I YEAR iast birtheay) HOURS FEMALE YRS 7a. BIRTHPLACE (State or fareign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED ANEVER MARRIED 9 COUNTY OF DEATH country) DIVORCED [WIDOWED [WICOMICO IO CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR duting most of working life, even if retired \ 13a USUAL RES DENCE (Where deceased week, if institution: Residence before 13c CUPY OR TOWN INSTDE CITY JIM TS? 13e STREET AND NUMBER admission) STATE-14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Msddle NEWN law requires that the death certificater 160. WAS DECEASED EVER IN LS ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) ar remaya APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I, DEATH WAS CAUSED BY: permit. cerebral nemornha 4 hrs IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the Conditions, if ony, which gave) Mypertensia cardiovascular disease burial-transit rise to immediate couse (a) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending | use as the Lath of the Lath O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed far use of Health r YES [NO | Page 4 may be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year (If either, not ty medical examiner) 3 should be detached with the State Dept. of 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Tawn (aunty State While Not while at work 22a | certify that (1) This hospital) oftended the deceased from Nex 7, 1966, to Nex . 1968 , that(1) (we) last Pec 7 saw the deceased alive on-_19 65, and that in(my) Jour) opinion death accurred on the date and hour and from the director, page 3 should should be filed with the couses stated above. (1) (we) (did) (did nat) view the bady after death. 225 SIGNATURE 22c. DATE SIGNED **ATTENDING** YYY . () DEGREE DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22g ADDRESS 23d RUB.AL, CREMAT ON, REMOVAL (Specify) 23b, DATE 23c NAME OF CEMETERY OR CREMATORY (State) (County) VR A15 DATE



1	Ιt	tem2c Fi	ImCho8	M/	ARYLAND ST	ATE DEP	ARTMENT	OF HEALTH	H	ND 21201				
FOD STATE	1/	14/69 k	k DIVISION	OF VITAL RE	AL EXAMI	NEDIC (M SIKEEL, E Edtielea	TE OF DE	MAKILA CATLI	IND ZIZUI		13	3456	
FOR STATE	1 01	ECEASED NAME	First	MEDIC	AL EXAMI	NEK 3 C	EKIIFICA			20. DATE KNO	MAIN TO T	Month Da		2b HOUP
50		ype or Print)	Wall.	9 C B	Gary	r	Disha		1	OF ES		12-3		3:10 M
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 SE	- Y	4 RACE	S. DATE OF BIR	U	. AGE (In years			24 HRS 1	2c. DATE PRON			2 0 44	2d. HOUR
13 12 de		Male	White	3-9-5	1	lost birthday	MONTHS D	AYS HOURS	MtN.	Manth	12		Year 168	3.10 %
50 5	7o. E	BIRTHPLACE (Stote	or foreign 75	CITIZEN OF WH	AT COUNTRY?	8 M	ARRIED NEVE	-		TY OF DEATH		<i>p</i> -77		
farr farr			4.	1/1	J		OWED [DIVORCED		Vicom:		Tari		ЬМ
after death. 8. Give Pages 1, salang with farm with the State De Jeath	10. C	ITY OR TOWN OF	beath sbury		AME OF HOSPITAL (treet address) eninsul				g apost pf i	warking life i	evep Tre		S KIND OF BUS	INESS OR
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A haurs office, office	14. F	ATHER'S NAME	First	Migdle	/	Last	15. MOTHER S	MAIDEN NAME	First	,	Midd	10	los	1
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s within 24 Examinates Examinates File pages 72 hours		es, no, or Lilknow	ER IN U.S. ARMED FO	RCES7 or ar dates of service)	16b. SOCIAL SECUR	STY NO.	17 INFORMANT	63+2	Dis	Shar	ADDRESS	7	VZIU	e, M.
حات ندوح		IB. CAUSE OF	DEATH (Enter only	ane couse per li	ne far (o) (b) and	i (c).)						7	APPROXIMATE BETWEEN ONSET	NYERVAL AND DEATH
exmuted ming" in medical in permit.		PART I D	EATH WAS CAUSED IMMEDIATE	BY: E CAUSE (a)	Fract	ured	skull						sudde	
suld be exmuted vard "pemling" in the Chief Mildical Established Transit permit. Flank event with the contraction of the contr		3/2	/	DUE TO, OR	AS A CONSEQUENC	E OF								
hief p			ny, which gave	(b)						<u> </u>				
s certificate shauld be exmuted be "muting the ward "pessiling" is forwarded to the Chief Madical used as a burial-transit permit.		stating the un	derlying cause	DUE TO, OR	AS A CONSEQUENC	E OF								
he w ta th ta th buria			GNIFICANT CONDIT	(c)	INC TO DEATH BUT	NOT DELATE	TO THE TERMIN	AL DECREE OR	CONDIT ON	CIVEN IN DAS	OT 1/->	\.		
certificate ## #################################		16.		ION3 CONTRIBUTI	ING TO DEATH BUT	NOT KELMIEL	O THE TERMIN	TAL DISTASE OR	CONDITION	GIVEN IN PAR	(1 1(0)			
certifi orwan used maval	TIGN	19a. DATE OF O			19b. CONDITION F		PERATION						20. AUTOPS	Υ?
This certificate leads. Initial the be forwarded to be used as a bur remayal, and	CERTIFICATION				WAS PERFOR	MED?							YES 🗔	№ [Ж
		210. EXTERNAL O	AUSE WAS R CONTRIBUTING	110010075	INJURY Month, Doy		21c HOW INJUR	RY OCCURRED (E	nter noture	of injury in F	art l ar	Port 2, Item	IB.)	11-10
the certift 4 should in files a 3 should melian,	MEDICAL	CALSE OF DEAT	4	D P1	M = T5 - 31	11700		ger ir						
= = ~ ~ = = = = = = = = = = = = = = = =	2	21d INJURY OCC	JRRED 21e Pt	ACE OF INJURY (/ ogy, office buildin	At home, form, stro g. etc.) tilon, F	eet,	21f. LOCATION S	treet or R F D No		City or To	iwn n at na	(County	State
stessary, plense execute the funancial director. Page 4 may be retained for your FUNERAL DIRECTOR: Page eafth prior to burial, crem		AT WORK A												
call Estate Figure 1 1 1 1 1 1 1 1 1 1			certify that to	~					Charles on the last	ection 7		uiry 🔼, ianner 🗌		ny apinian
DIC Ise recto sined REC		geath te	sulted from.	Natural chus	ses , Acc	deni [A],	Suicide [,		нпеа п	roriner [1	
TY TIPES IN THE SERVICE OF THE SERVI		ACTUAL SIGNATURE	/how	L/~	V		34.0	ASSISTANT MEC			2	26 DATE SIGI	NED	
ary, be ERA		EXAMINER'S	Earl L.	Royer	M.D.		M.D.	DEPUTY MED C			4	Tanua:	ry 3,	1969
TO DEFEIT HE CONTROL TO FUNERA PER HEALTH PE		NAME (Type)	409 Cam	den Av	e., Sal				t, city, tow	n, or county)				
1 = 4 2 0 ±	,230	BUR AL, CREMAT	ON, 23b [ME / (6	23c NAM		YOR CREMATOR	Tem		LOCATION (Cu	y or Town	1/2 (60	ounty)] (S	State)
WY	28	FUNERAL DIRECTI	-1 -1/-	7/2	2010/2 N	DDRESS	7 4000		D BY REGI	STRAR	25h REG	STRAR'S SIGN	NAT.IRE	
VR ATSMENS			Funera	1 Nome	Bival		Md.	DATE		1969			1 Diegen	ون
10M REV 1768				, , , , , ,	,	, ,		I SHIT ALL	V	1009	1	7		-







FOR STATE HEALTH DEPT.

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 5 may be retained for your files. any deloy is TO DEPUTY AMERICAL EXAMINER: This certificate should be executed within 24 hours after death pending" in pencl in Item 18 GiverPag 2

DIVISION OF VITAL RECORDS. 18146

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

19459

		PLACE OF DEATH D. COUNTY	2. USUAL RESIDENCE (Where deceased lived,	
		Wiconico MARYLAND	MARY/AND	b. COUNTY Com, co
	1	C LENGTH OF STAY N 1b write RURAL and a ve neorest town),	c CITY OR TOWN (W outside carporate limits, v	write RURAL and give nearest tawn)
		Ht #50 INILLAND 4445	WillARd	
n	(d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d STREET ADDRESS	e is res dence on a farm? YES \ NO \
		NAME OF First Middle	Lost 4 DATE	Month Day Year
×		(Type or prail) JOHN (DESSEY)	DUFFY DEATH	12 28 1968
	5	, ,	B DATE OF BIRTH 9 AGE (In lost burt	
		M Nogro WIDOWED DIVORCED	7-24-45 23	Yrs
	duri	US_AL OCCUPATION (G ve kind of work dane ng most of working life, even if retired) 10b KIND OF BUS NESS OR INDUSTRY	11 BIRTHPLACE (State or fare gn country)	12 CIT ZEN OF WHAT COUNTRY?
	12	FATHERS NAME	JAOWH, II	u.s.A.
	10.	La Cara Million D. CC	h 1	Callete
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO 17	NEODMANT	Address
	(Ye	s, na, or unknown) (If yes give wor or dates of service) 216 -44 - 800 8	BOTTI DIFFY	628 S. Divison St.
	-	18 CAUSE OF DEATH (Enter an y ane cause per line for (a), (b), and (c))	ice ricy country	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Once Short	- wound of	ONSET AND DEATH
		OUE TO		
		Canditians, if any, which gave tise to immediate cause (a),		
		stating the underlying cause DUE TO		
		lost. (c)		10 Was standed
	₹	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND TON GIVEN IN PART	PERFORMED?
	CAL CERTIFICATION	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW NURY OCCURRED ((Enter notice of neury in Part Lor Part II of tem	YES NO L
	CERT	PRIMARY CO CONTR BUTING CAUSE OF DESIGN		more cleent
	ਤ		CE OF INJURY (Home, farm, 4 20f (City of	town) (Caunty) (State)
	MED	Hour am 12-28-68 While hat While of work factor	ary, street, office b dg , etc)	Meaning. Med
		21 1 certify that I taok charge of the remains described obove, he	ld an Autopsy Inspection .	Inquiry ond in my opinion
				ined monner
		ACTUAL BOATS SON	CHIEF MEDICAL EXAMINER	
		SIGNATURE THE THE MELLE	M.D ASSISTANT MEDICAL EXAM NER	22. DATE SIGNED
		EXAMINER'S NAME (Type) Philip A. Insley, M. D.	DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, ar county)	1/9/69
-	230	NAME (Type) PRILID A. INSLEY, M. D. BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR O		
	200	REMOVAL Specify 1-2-69 Cool Spein		
	24	FUNERAL DIRECTOR ADDRESS	2So REC'D BY REGISTRAR	25b REGISTRAR S SIGNATURE
D.	1	LURETTA B. Jolley SA 1:06 URY, Ud.	DATA N 1 / 1000	(Kr)
N.			- 1000	Miles Judge

VR A15ME (5) 6M 1/67

necessory, please execute the certificate, writing the word

Health prior to burial, crematian, or removal, and in any event within 72 hours ofter death.



iny delay is in Item 18. Give Pages 1, 2, and 3 ta PM3. Pag s Office along with form This certificate should be executed within 24 hours after death

maes I and 2 with the State Departmen Health prior to buriol, cremation, ar remaval, and in any event within 72 hours after death. the funeral director Page 4 shauld be farwarded to the Chief Medical Examiner **10 FUNERAL DIRECTOR**:Page 3 should be used as a burial-transit permit. A 5 may be retained far your files.

necessary, please execute the certificate, writing the ward "pending" in pencil

DICAL EXAMINER:

TO DEPUTY

VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18490

<u></u>	F N	* Y 3, 2	MEDICA	<u>AL EXAMI</u>	MEK.2 C	EKIIFR	LAIL	UF DE	AIH					
	DECEASED-NAME (Type or Print)	First		Middle			Lost			20. DATE KN	OWN Mon	ith Doy	Yeor	2b HOUR
1	(14be or Linn)	THOMAS	3	W.		EFFO	RD			OF E	ATED [12-7-	-689	4:201
3. 9	SEX	4 RACE	S. DATE OF BIRT		. AGE (in years	F JNOER		IF UNDER			NOUNCED DEAD	1		2d HOUR
	Male	W	10-9-0		less brithday) 64 YRS		DAYS	HOURS	MIN.	Month	12 Doy	7 Y	19 68	3 4.20
	BIRTHPLACE (Stol	e or foreign	76 CITIZEN OF WHA	IT COUNTRY?	8. MA	ARRIED N	EVER MAI	RIED 🔲	9 COU	INTY OF DEAT	H			
£OUI	ntry) /	3.	1/5			OOWED _		RCED 🔲		Wico	mico			M
10.	CITY OR TOWN O			ME OF HOSPITAL							d of work der		CIND OF BLS	SINESS OR
<u>'</u>	Salis	bury	Per	reet address) eninsul	a Ger	ieral			La	borer		I) INDUS	anite	ation
			sed Eved, if institut					INSIDE CITY		13e STREET A				
<u> </u>	odmission) STATI	PIQ.	13b COUNTY	Wicomi					10	113	E. Lo	cust	t St.	h
14	FATHER S NAME	First	Middle		Lost	15 MOTH	ER'S MAI	EN NAME	First		Middle		los	at .
L		Samuel			ford			3ern	ett	a		Wo	llsor	2
		VER IN U.S. ARMED		166 SOCIAL SECUR	ITY NO.	17 INFORMA	ANT	/	7	~ ·	ADDRESS	1	1	11
	/\/ ()	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				5-110	,57	4 4	/-	total	WY6.	3/1/5		1.
			ly one couse per lin	e for (o), (b), and	1 (c))					٠)	4	APPROXIMATE BETWEEN ONSET	EINTERVAL AND DEATH
	PART I. DEATH WAS CAUSED BY: Coronary occlusion												sudd	len
	4/04 DUE TO, OR AS A CONSEQUENCE OF													
	(conditions, if one, which gove) (b) Arteriosclerotic cardio-vascular diseas												ves	rs.
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF												Ų	9
	last. (c)													
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
=	420,													
SATI	196. CONDITION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								2	20. AUTOPS1	Y?			
CERTIFICATION													YES 🔀	№ □
)				
MEDICAL	CAUSE OF DEAT	THT	P,M		19									
2	21d INJURY OC		PLACE OF INJURY (At ctory, office building	t home, form, str v etc.)	eet,	21f LOCATIO	N Street o	r R.F.D. No		City or T	OWN	Con	nty	Stote
	AT WORK	AT WORK												
	22a. I	certify that I t	eak charge of th	e remains des	cribed abov	re, held an	Auta	osy 💢,	Ins	pectian 💢	, Inquiry	X ,	and in m	n <mark>y ap</mark> inian
	death re	esulted from:	, Natural couse	es 💢, Acci	dent 🔲,	Suicide		Hamicid	ie 🔲,	Undeter	mined mann	er 🗌		
	CHIEF MEDICAL EXAMINER													
	ACTUAL SIGNATURE													10
	Earl L. Royer, A.D. DEPUTY MEDICAL EXAMINER Dec.												, 19	68
	NAME (Type)		ımden Av					RESS(Street						
230	 BUR AL CREMA REMOVAL (Spec 	nfv)	DATE		E OF CEMETER						y or Town)	,		Stote)
	<u>buria</u>	al 1	2-10-68	Biv	alve	Ceme					Wic Wic			Id.
	FUNERAL DIRECT	~ /w	Miss	estin A	DDRESS			250 REC'I			2Sb REGISTRA			
	ressic.	k Funer	al Home	, Biva	Lve,	Md.		DATE	UI	2 1968	your	mes	ymag	Aug.



VR A15 (4 45M - 1/69



EVERGRETIN

VR A15 [4]

REMOVAL (Specify)

24 FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 1968

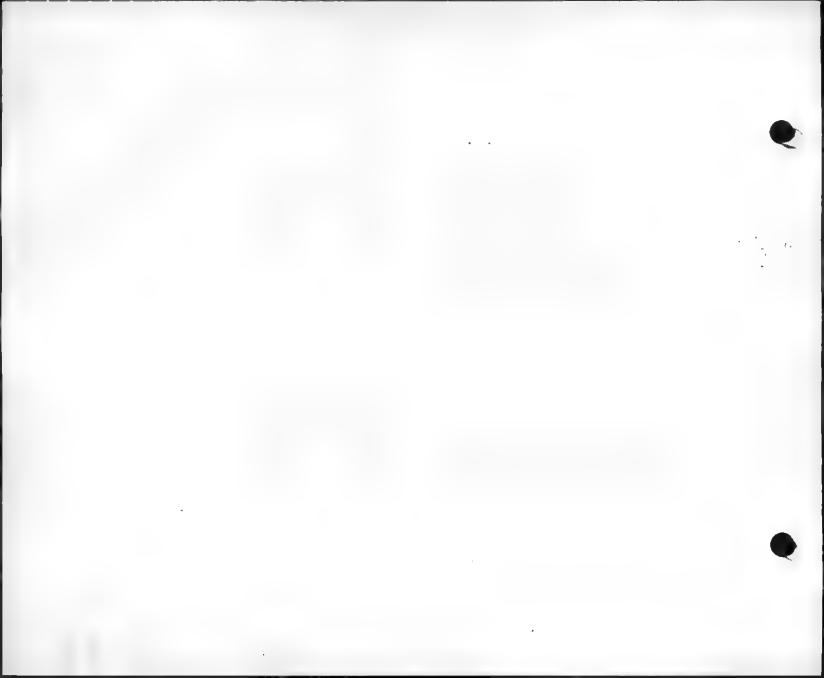
25b. REGISTRAR'S SIGNATURE

(County)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13464 DECEASED NAME First Middle Last 20. DATE OF DEATH death. 2b. HOUR requires that the deoth certificate be executed within 24 hours after deoth. ond ? physicion and campletely filled in by the funeral (Type or print) 05 ashlev December 3, SEX 4. RACE S. DATE OF RIRTH 6 AGE (In years last birthday) IF LINDER I YEAR white FRMa 2/21/1896 70 BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) raryland U.S.A. Wicomico WIDOWED X DIVORCED [within) 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Salisbury General Hospituing most of working life even if retired) Own Home 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 3c CITY OR TOWN 34 INSIDE C TY JIMITS? 13e STREET AND NUMBER odmission) STATE Rt.#1 B ox 63 NO X Princess and in ony 14. FATHER'S NAME First Middle East 15 MOTHER'S MA DEN NAME First Middle Lost Daniel Ashlev Bernice Baldwin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) 218-34-8498 Mr. Robert Fisher Rt#1 Princess Anne. Nd 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Canditians, if any, which gove) burial-tronsit ose ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 os the Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed for use of Health p YES 🗍 NO X 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 216. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A M. Month Day Year If either, notify medical examiner) be detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Tawn County State White Not while of work 22a. I certify that (I) (this hospital) attended the deceased from Justic 21, 1966, to Dec 17, 1968, that (I) (me) last saw the deceased alive an Journal 15 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (ws) (did) (distrest) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF director, page 3 should be filed v DEGREE PHYS DIRECTOR 22d PHYSICIAN S 22e ADDRESS NAME (Type) Dr. Thomas C. Hill. Jr. Pine 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 12-20-1968 Allen, Wicomico, Maryland Allen Cemetery 24 FUNERA: DIRECTOR 2Sb VR A15 (4) Hill Funeral Home Salisbury, Maryland







any delay is 2, and 3 to Marrage

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be farwarded to the Chief Medical Examiners Office along with rorm

DICAL EXAMINER: This certificate shauld be executed within 24 hours after death

O DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18467

		MEDICAL	EXAMINER, 2	EKTIFICATE	UF DEATH	1						
1. DECEASED NAM (Type or Print		t	Middle	Lost		20 DATE KNOWN Month	Doy Yeor 2b	HOUR				
(14ba or rilli)	RO'	Y	WALTER	GLADE	DEN	DEATH MATED 12/	3 168 6	:30 M				
3. SEX	4. RACE	S DATE OF BIRTH	6 AGE (in years	MONTHS DAYS	HOURS MAN	2c. DATE PRONOUNCED DEAD		Hour				
Male	White	August 12	,1945 23 YR		NOUG MIN	December 3	Yeor 19 68 6'-	30 M				
70. BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO	PUNTRY? 8 M	ARRIED NEVER MA	ARRIED 9 CO	OUNTY OF DEATH						
country) Mar	yland	USA	1	DOWED SEPAR		ICOMICO		Md				
10 CITY OR TOW			OF HOSP TAL OR INSTITUTION			DECUPATION (Kind of work done	126 KIND OF BUSINESS	SOR				
	itland	+	odleshe & Mor				Painting					
130 USUAL RESI	DENCE (Where deced	sed lived, if institution	Residence before 13c CIT		138. INSIDE CITY EMITS?	13e. STREET AND NUMBER	- 1					
		d 136 (OUNTY Wic		uitland			Park					
14 FATHER'S NAN	-	Middle	Lost		AIDEN NAME First		Lost					
	Marion	Marvin	Gladden			Virginia	Seal					
	D EVER IN U.S. ARMED (nown) (If yes give		1	17 INFORMANT (F		ADDR∰1933						
N.	0		9-42-8144	Mr. Mari	on M. G1	adden, Salisbur	y, Marylan					
	I DEATH WAS CAUSE	nly one couse per line for					BETWEEN ONSET AND D	DEATH				
PAKI	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Fracture of skull											
/ / /	DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if any, which gove rise to immediate cause (a), (b)											
stoling the	stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
	lost. (c)											
PART 2 OTH	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
O 100 DATE	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION											
FICAT	WAS PERFORMED?											
190. DATE (190. D	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 214 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, 1											
B PRIMARY 5	PRIMARY TO OR CONTRIBUTING L HOUR BUX 12-3-68 Driver of auto which ran o											
CAUSE OF I		PLACE OF INJURY (At hor		21f LOCATION Stree		City or Town		Stote				
	NOT WHILE TO	octory, office building, etc)	Cedar	Lane. F	ruitland, Wie	comico, M	d.				
	220 certify that I taak charge of the remains described above, held an Autapsy , Inspection X, Inquiry X, and in my apinion											
. ueun	death resulted frame Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner [] Punding											
ACTUAL												
	SIGNATURE EXAMINER'S Earl L. Royer M. D. DEPUTY MEDICAL EXAMINER X December 5 / 1968											
	NAME (Type) 409 Camden Ave., Salisbury, Md. ADDRESS(Street, city, Town, or county)											
230 BURIAL, CR	EMATION, 23b	. DATE	23c NAME OF CEMETER	Y OR CREMATORY	23	d. LOCATION (City or Town)	(County) (State)					
REMOVAL (a1 D	ec. 6,1968	Springhill	Memory (Gardens S	Salisbury, Wicon	nico, Maryla	and				
24 FUNERAL DI	RECTOR .		ADDRESS		2So. REC'D BY R	EGISTRAR 25b REGISTRAR S	S GNATURE					
HOLL	DUAY & CO	MDANY CALL	COLIDY MADY	A AND	BEC 9	1968 Octions	y ledge.					

VR A15ME (5) 10M REV. 1/68

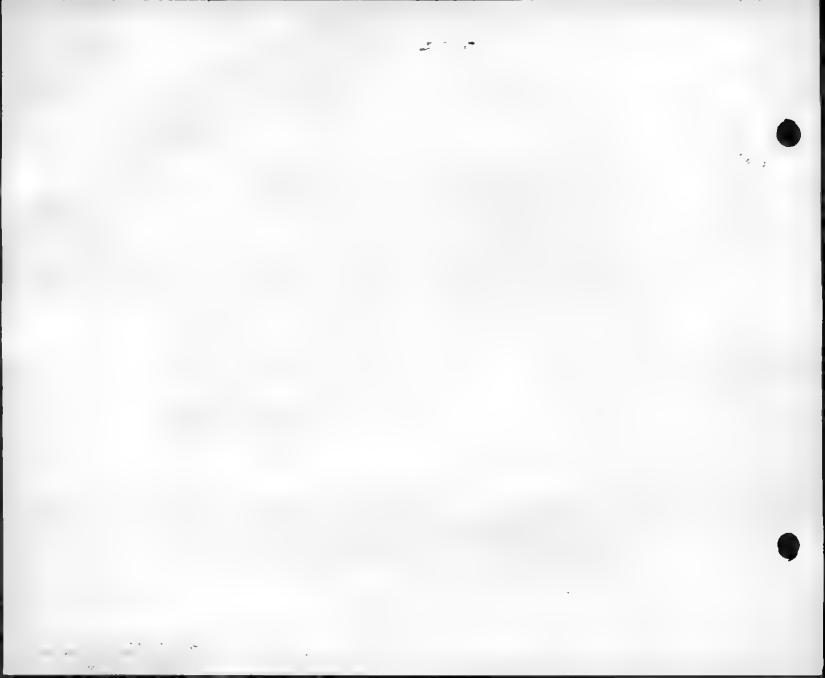


1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EYAMINED'S CERTIFICATE OF DEATH													
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 18468													
HEALTH DEPT.		ECEASED-NAME	First		M ddle	•	Lost		20	DATE KN	OWN A	Month Do	y Year	2b Houro
of ge	(Type or Print)	SAM	IUEL	ADAMS		GRAHAM			OF E	ATED	12/8	168	10'.25M
z, and 3 to PM3. Page partment of	3 SI	EX	4. RACE	S DATE OF BIR	TH 6. At	GE (In years t bushday)	HE JINDER 1 YEAR MONTHS DAYS		^	DATE PRO	NOUNCED		V	2d. HOUR
y dela		Male	White		er 30,1906					Month Decem	ber 8	B ^y	Yeor 19 68	10:25M
		BIRTHPLACE (State	or foreign	76 CITIZEN OF WH	AT COUNTRY?		NEVER !	_	9. COUNT	Y OF DEAL	H			
for for	10.0	Maryl	and	USA	ANS OF HOSPITAL OR			IVORCED [OMICO		· Vin	17112 01 -1101	Md
ofter deoth 8. Give Pages along with for with the State- deoth.	3 SEX 4. RACE November 30, 1906 OZYRS White November 30, 1906 OZYRS Nowith December 8 7.0 BIRTHPLACE (State or foreign To CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED WICOMICO 10 CITY OR TOWN OF DEATH Salisbury Salisbury										DUSTRY	STRY OK		
or d	12-	79112	S /INhara dasaas	Pe	ninsula Ge	eneral	Hospit	tal sh	eriff	le STREET A	Mb source	Colur	nty She	riff
office of the control	130	dmission) STATE	Maryland	13b. COUNTY	icomico	Salie	sbury	YES TX N	ic W	iicomi			Courth	ouse
hours ofte Item 18. Gi Office alon I and 2 with after death		ATHER'S NAME	First	Middle		-	IS MOTHER'S N			-	Midd		Lost	
The Officer of the of			George				13	E1			71774		3rady	
il in 24 ner's ner's oors			ER IN U.S. ARMED F	ORCES?	16b SOCIAL SECURITY	NO 17	INFORMANT (Wife)			ADDRESS	Box	967	
be executed within 24 hours ofter death pending" in pendil in Item 18. Give Pages 1, iief Medical Executions's Office along with form ansit permit File agas 1 and 2 with the State-De event within 72 hoors after death.	()	es, no, or unknow	/n) (If yes give i	war or dates of service)		Mi	rs. Dor	othy H	. Gra	ham,	Sali	sbury	Maryl	and
		1B. CAUSE OF	DEATH (Enter onl	y one couse per li	ne for (o) (b), and (c)	}	-						APPROXIMATE BETWEEN ONSET	
be executed "pending" in ief Medicol E insit permit Fevent within		PART I D	EATH WAS CAUSED IMMEDIA) BY ITE CAUSE (6)	Bullet	wound	d of t	horac	ic a	orta			sudde	
exe endi Me it pe		7 .	DUE TO, OR AS A CONSEQUENCE OF											
hief			ny, which gove lote couse (o),	(b)										
should be e ne word "per o the Chief I buriof-transit I in ony ever			derlying couse	DUE TO, OR	AS A CONSEQUENCE O	F						1		
sho he w to th buric			,	(c)										
INER: This certificate should be executed e certificate, writing the word "pending" is should be forwarded to the Chief Medical files. 3 should be used as a buriol-transit permit ofton, or removal, and in any event withh	7	PART 2 OTHER 3	JIGNIFICANT COND	ITIONS CONTRIBUTI	ING TO DEATH BUT NO	T RELATED TO	THE TERMINA	L DISEASE OR C	ONDITION (GIVEN IN PA	ART 1(o)			
veriti orwar used mova	AT ON	190. DATE OF O	PERATION		19b. CONDITION FOR		ATION						20. AUTOPSY	?
This crate, be for large to la	CERTIFICAT				WAS PERFORMED								YES 🔀	NO 🗀
Thirditate of be	1 (6)	210. EXTERNAL (CAUSE WAS R CONTRIBUTING [21b TIME OF	INJURY Month, Doy, Ye	or 210	. HOW INJURY						1B.)	
INER: 1 should be files. 3 should often.	MEDICAL	CAUSE OF DEAT	H	TO • TO 6	12-8-6		Shot b	U						
	2	21d INJURY OCC	URRED 21e f	PLACE OF INJURY () itory office buildin	At home, form, street, q etc.)		LOCATION Stre			City or 1			varue)	Stote
		AT WORK A		tory office buildin Court H									o, Md.	
CAL E exec., for Poed for CTOR: burnel,				-	he remains describ								and in my	opinion
DIC.		death re	suited from:	Natural caus	ses 🔲 , Accidei	ıt 📙,			-		mined m	tanner [}	
Ty please by please stool direction the prior to prior to prior to prior to the pri		ACTUAL	121	L Kn				HIEF MEDICAL			2	2b DATE SIG	NED	
UTY, Iny, Ierol Be Pri		SIGNATURE	Faril	. Royer,). D.		M D. F	assistant medi Deputy medica	ILAL EXAMII	NEK LL	C	ecemb	er 10/1	968
o DEPUTY OICAL E necessory, please exec, the funeral director Po 5 may be retained for O FUNERAL DIRECTOR: Health prior to buriol,		EXAMINER'S NAME (Type)			., Salisbu	iry, M	d. 7	ADDRESS(Street,			_			
The t	230	BURIAL, CREMA	TON, 23b	DATE			OR CREMATORY		23d 10	CATION (Ci	ty or Town) ((c	ounty) (St	ote)
		REMOVAL (Speci	De De	c. 11,19	68 Wicomi	со Ме	moria1	Park	Sa	lisbu	ry,Wi	comic	o,Maryl	and
24	24	FUNERAL DIRECTO		UDANY A	ADDR		AND		BY REG ST			STRAR'S SIG		
VR A15ME (3)		HOLLOW	IAY & CO	MPANY, S	ALISBURY,	MARYL	.AND	DATE D	C 1 6	196	B 20	Charl	Do Jacks	ll_

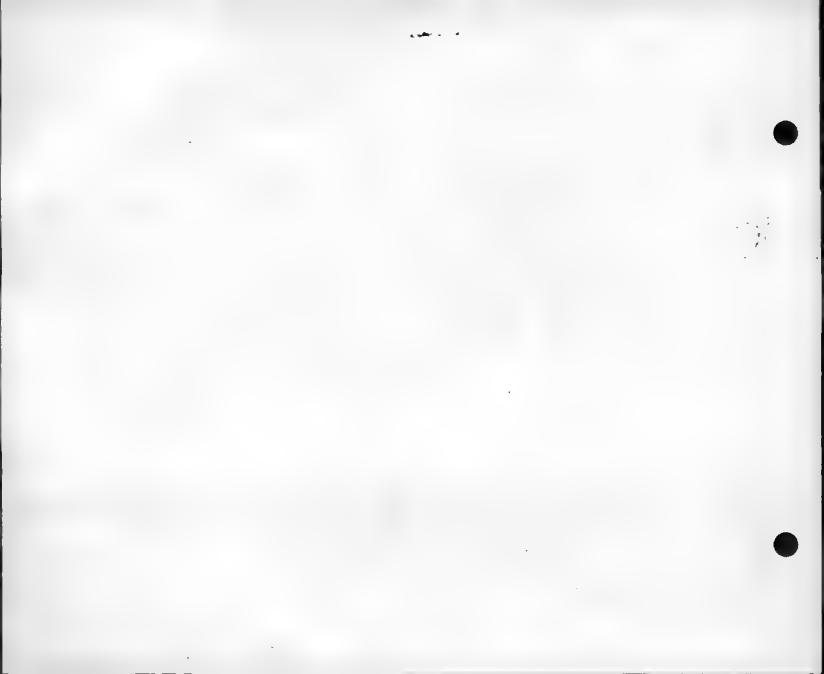
ng prisoner.
bury, Wicomico, Md.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18156 CERTIFICATE OF DEATH 18469 I. DECEASED-NAME rast 2g DATE OF DEATH 2b HOUR after death haurs after death (Type or pant) NETTIE **FRANCES** DECEMBE 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years TE JINDER I YEAR last birthday) MONTHS Female White HOURS August 30, 1899 7o BIRTHPLACE (State or fore an 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED WICOMICO Maryland USA WIDOWEDX DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol. 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR reninsula General Hospital during most of working life, even if retired)
House work at home Salisbury 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d JASIDE CITY DIMITS? 13e. STREET AND NUMBER Maryland 136 COUNTY Wicomico Salisbury YES [] R.D. 1, Snow Hill Road 14. FATHER'S NAME First Middle Inst IS MOTHER'S MAIDEN NAME First Middle Gulev Matthews Rita Mitchell please law requires that the death certificate 16a, WAS DECEASED EVER IN U.S ARMED FORCES?
Yes, no, or unknown) (14 yes give wor or datas of service) 17 INFORMANT Son) 16b. SOCIAL SECURITY NO. Address R. D. 4 ar removal, 213-42-08710 Mr. Elton R. Hales, Salisbury, Maryland APPROX MATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Menerous DUE TO, OR AS A CONSEQUENCE LOS Conditions, if any, which gave a burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPORTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19g DATE OF OPERAT ON 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [Page 4 may be retained by the haspital ar 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) jo OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f EOCATION Street or R.F.D. No. City or Tawn Caunty State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 12/2 2, 19 68, ta 12/2 3, 19 68, that (I) (we) last saw the deceased drive on 12/2 19 68, and that in (my) four) opinion death occurred on the date and hour and fram the causes stoted abave, (1) (we) (did) (did not) view the body after deoth. 22b SIGNATURE 22c DATE SIGNED ATTENDING. director, page 3 shauld be filed v DEGREE. PHYS DIRECTOR 22d PHYSICIAN'S 22e ADDRESS NAME (Type) Dr. William B. Smith Salisbury, Maryland 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Rural, Salisbury, Maryland Dec. 26,1968 Matthews Family Cemetery 24 FUNERAL DIRECTOR

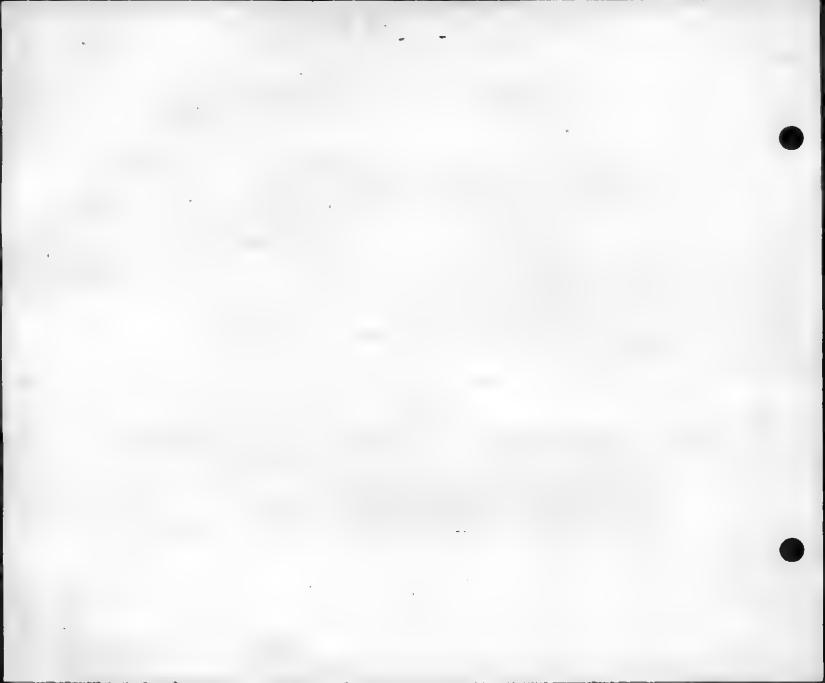
HOLLOWAY & COMPANY, SALISBURY, MARYLAND



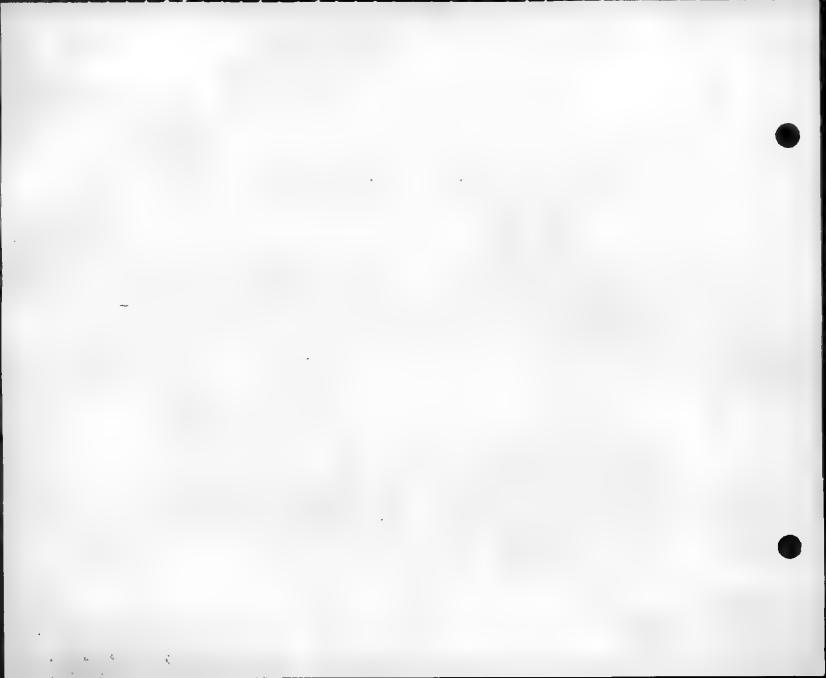
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 8470 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR within 24 hours after death ofter death (Type or print) MARGARET JANE HEARN December 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years 15 JNDER YEAR Female White September 5, 1900 papers. Pag thin 72 hours o YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED Eauntry) Mar v l and WIDOWED & USA DIVORCED [WICOMICO 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a LSLAL OCCLPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Peninsula General Hospital Practical Nurse INDUSTRY Salisbury Nursina 13a USUAL RESIDENCE (Where deceased lived finst tution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY -teamove Wicomico Willards In Village any 14 FATHER S NAME Middle Last IS MOTHER'S MAIDEN NAME First E Middle Last physician o Hilary Bratten м. Ida Holloway and requires that the death certificate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Son) Address Yes, na, or unknown) 220-28-4239 Mr. William Edward Warren, Parsonsburg, or remova 18 CAUSE OF DEATH (Enter only one cause per Ing for (a), (b), and (c))
PART I DEATH WAS CAUSED BY BETWEEN CHISET AND CEATH IMMEDIATE CAUSE (a) Canditians, if any, which gave) buriol-tronsit rise to immediate cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been os the 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO X 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) be detached for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While hat while at wark 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 19.68, and that in (my law) opinion death accurred on the date and hour and from the director, page 3 should should be filed with the causes stoted above. (1) (we) (did) (did not) view the body ofter death 22b SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF December 13 /1968 DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. J. Burton Medical Center, Salisbury, Maryland 23a BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Dec. 14, 1968 Willards Cemetery Willards, Wicomico, Maryland Burial 24 FUNERAL DIRECTOR **ADDRESS** 25g REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR Ats 14 HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATEDEC 16 1968 Minutes Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18471 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 20 DATE KNOWN 2b HOUR. (Type or Print) OF 1968 3:30 M delay is and 3 to P.M.3. Poge SHELDON DEATH MATED ROLAND **HENRY** 4. RACE 15 TENDER SA HRS 3 SEX S DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD lost birthday) Jan. 5, 1909 White 59 19 68 11:50 W Ma 1e YRS December 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED TNEVER MARRIED 9. COUNTY OF DEATH in pencil in Item 18. Give Pages 1, Office along with form Maryland
10. CITY OR TOWN OF DEATH WIDOWED 🔽 DIVORCED WICOMICO USA 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) 825 S. Division Street during most of working life, even if retired.) INDUSTRY ond 2 with the Route Salesman Salisbury Packing Co. 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN odmission) STATE Maryland 13b COUNTY YES NO 825 8. Division Street Wicomico Salisbury Middle 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Flizabeth Fstelle. Roland Wilkinson. hours Henry 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (Brother) ADDRESS 205 Glen Ave. (Yes no or unknown) (If yes give wor or dates of service) 214-10-7746 Mr. S. Wallace Henry, Salisbury, Maryland File within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) "pendi≣g" PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage, spontaneous sudden IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave] Hypertensive cardio-vascular disease vear rise to immediate cause (a). writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🖂 NO IX execute the certificote. 21a. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, P.M CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F D. No. City or Town County Stote factory, office building, etc.) NOT WHILE WHILE AT WORK 22a | certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔽 Inquiry XI. and in my opinion Notural causes XI. Accident . Suicide . death resulted from Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE L. Royer, MAD. DEPLTY MEDICAL EXAMINER X December 5 may 70 FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 409 Camden Ave., Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) Dec. 22,1968 Burial Wicomico Memorial Park Salisbury Wicomico Maryland 24. FUNERAL D.RECTOR 2So REC'D BY REGISTRAR Menelan 1968 VR A15ME HOLLOWAY & COMPANY, SALISBURY, MARYLAND 10M REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18472 1. DECEASED NAME Middle First 20 DATE OF DEATH 24 hours after deoth 2b HONS (Type or print) Doris 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER LYEAR last birthday) White March 25,1912 70 BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH country) Delaware USA DIVORCED [Wicomico County WIDOWED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done requires that the death certificate be executed within 12b. KIND OF BUSINESS OR ever street oddress)
Peninsula General Hospital None carbon completely Salisbury event, v 13o. USUAL RES DENCE (Where deceosed fived, if institution. Residence before 13c CITY OR TOWN 3d NSIDE CTY LIMITS? 13e. STREET AND NUMBER odmission) Delaware remove Sussex Millville YES-E δu0 14 FATHER'S NAME 15 MOTHERS MAIDEN NAME First Middle Lost Edward Hickman Elsie Daisev Hickman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) Henrietta Duffy. E. Orange. New Jerse 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)) BETWEEN ONSET AND DEATH PART E DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) martimunuse DUF TO OR AS A CONSEQUENCE OF Conditions, if only which gove) rse to immed ofe couse (o) stoting the underlying couse(DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY2 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Health YES TO 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town Stote While Not while of work 22a. I certify that (I) (this-hospital) attended the deceased fram 12-2-68, 19, to 12-30, 1968, that (I) (we) last saw the deceased alive an 12-30, 1968, and that in (my) (euc) apinian death occurred an the date and hour and from the be retained by should causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE director, page 3 should be filed 22d. PHYSICIAN S Poge 4 moy 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMAT ON 23d LOCATION (City or Town) (County) Mariners Bethel Cemetery Ocean View, Sussex, Del 2Sb. REGISTRAR S SIGNATUR VR A15 (4) 45 1/69





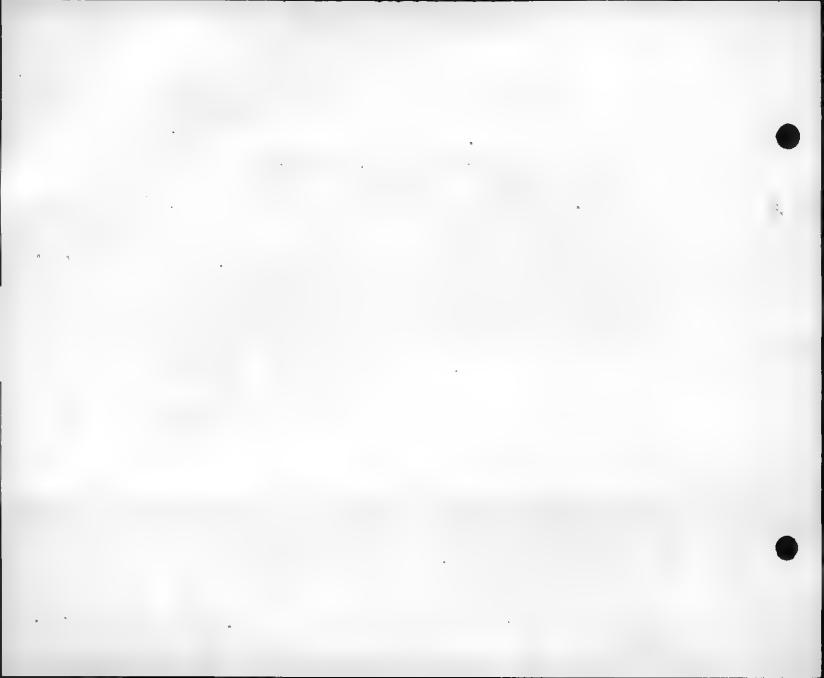


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18475 CERTIFICATE OF DEATH . DECEASED-NAME 26 DATE OF DEATH 2b HOUR Fages 1 ond 2 hours after deoth. 24 hours after deoth (Type or print) completely filled up by the funeral 4. RACE 3. SEX 6. AGE (in years IF UNDER I YEAR last birthday) MONTHS DAYS HOUSE 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 8. MARRIED 🔀 NEVER MARRIED 🗀 country) WIDOWED | DIVORCED [Wicomico 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON fKind of work done 12b KIND OF BUSINESS OR give street address) Peninsula during most of warking life, even if retired) Salisbury Hospital Genera event, L3C CITY OR TOWN 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? cuted JOB COUNT admission) STATE remove or removal, and in any requires that the death certificate be exe 14. FATHER'S NAME Middle puo 1S. MOTHER'S MAIDEN NAME First hen please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Yes, no, anunknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH Chreman IMMEDIATE CAUSE (o) Conditions, if any, which gave) signed by the buriol-tronsit p Testeal region rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cousei PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to b 'O FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO D 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY <u>10</u> OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) detoched 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work 22a I certify that (I) (this hospital) attended the deceased fram-, that (I) (we) last and that in (my) (our) apinion deoth occurred an the date and hour and from the saw the deceased alive on____ be retained shauld causes stated above, (1) (we) (did) (did not) view the bady after deoth. 22b SIGNATURE 22c. DATE SIGNED MED DIRECTOR STAFF director, page 3 should be filed v DEGREE coprus 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b DATE 23d LOCATION (City or RIAL, CREMAT ON REGISTRAR'S SIGNATURE **VR A15 f**





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 $_{\rm j}$ CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a DATE OF DEATH 2b. HOUR signed by the attending physicion and completely filled in by the further buriol-transit permit. Then please remove carbon papers. Pages 1' and buriol, cremation, or removal, and in any event, within 72 hours after death (Type or print) Risdon Jacob 3. SEX 4. RACE within 24 hours after 6. AGE (In years IF UNDER I YEAR last birthday) August 15,1881 70. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S. Wicomico DIVORCED I 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR Salisbury Pentinsula General Hospital Prick Master Musisonary 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed odmission) STATE 1 Somerset Princess RFD. 14. FATHER'S NAME Middle Last 15 MOTHER'S MA DEN NAME First Middle Last Susan Bloodsworth Robert Jones 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Princess Anne. Md. Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Dora Jones; RFD. #1 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEAT cerebral + traombosis 2d hors generalized anterios de nosis Canditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a) use as the la O FUNERAL DIRECTOR: After this certificate has been unemia 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 206 H YES, WERE FINDINGS CONSIDERED IN CERTIFYING TAUSES OF DEATH? YES 🖂 director, page 3 should be detached far use should be filed with the State Dept. of Health 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No 21d NUJRY OCCURRED City or Town County State White Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 12-04, 1968, ta 12-05, 1968, that (1) (we) last saw the deceased alive on 12-08, 1968, and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated above (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c DATE 5 GNED DEGREE 12.08-68 22d. PHYSINAN S 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY Mt. Vernon; Somerset; Mane 236 DATE 230 8 RIAL CREMATION. John Wesley 12/10/1968 25a REC D 8Y REGISTRAR 25b. REGISTRAR S SIGNATURE Princess Anne, Md. DAILDEC 12



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18478 1. DECEASED-NAME First Last 2o. DATE OF DEATH death. 2b. HOUR gud (Type or print) Year 68 4 RACE IE JNDER YEAR 6 AGE (n years F JWDER 24 HRS Pages last birthday) hours YRS ò To BIRTHPLACE (Stote or fore on 7b. CITIZEN OF WHAT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how 9. COUNTY OF DEATH MARRIED NEVER MARRIED papers. hin 72 ha signed by the attending physician and completely filled in burial-transit permit. Then please remaye carban papers. WIDOWED X DIVORCED [10 CITY OR TOWN OF DEATH HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR WIT during prost of working fe, even if retired) INDUSTRY 15Barg Employer event 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. MS/DE C TY LIMITS? 13b. COUNTY YES 📉 NO [remaval, and in any 14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First M'ddie Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY cremation, ar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🔲 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED [Enter noture of injury in Part 1 or Part 2, Item 18] OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. ed with the State Dept. (AT HOME FARM, STREET, FACTORY.) 214 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY Street or R.F.D. No. City or Tawn County Stote While Nat while at work . 1900, to _ 19 _ S, and that in (my) (our) opinian death occurred on the date and hour and from the director, page 3 shauld shauld be filed with the causes stated abave, (I) (we) (did) (did not) view the body after death. 22b S-GNATURE 22c DATE SIGNED ATTENDING MED. STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 230 BURIAL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d_ LOCATION (City or Town (County) (Stote) REMOVA (Speaty) 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S VR A15 (4, 45M - 1/69



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. DECEASED NAME M-ddle 2a DATE KNOWN (Type or Print) delay 12 OF Page **KELLY** at o ALBERT LEE DEATH MATED pages 1 and 2 with the State Department 6 AGE (In years IE UNDER I YEAR A RACE F UNDER 24 HRS 2. DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH PM3. 62 YRS October 16,1906 White Male 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH (country) Maryland Item 18. Give Pages 1, WIDOWED [DIVORCED [USA WICOMICO 1) NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.)
Deputy Sheriff Peninsula General Hospital Salisbury Office alang 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY LANTS? 13e, STREET AND NUMBER Maryland 136 COUNTY Wicomico 301 Carey Avenue Salisbury YES NO I after 15. MOTHER S MAIDEN NAME 14 FATHERS NAME Annie Kelly Henr v haurs ADDRESS 301 Carey Ave. (Wife) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Mrs. Nellie M. Kelly, Salisbury, Maryland 215-07-3743 within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Bullet wound of brain pending DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave nse to immediate cause (o). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? please execute the certificate, 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter notuse of injury in Port 1 or Part 2, Item 18) PRIMARY SOR CONTRIBUTING 12-8-68 Shot by escaping prisoner. CAUSE OF DEATH 21e PLACE OF N.JRY (At home, form, street, factory, affice building, etc.)
COUPT LOUSE 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town WHILE AT WORK AT WORK Main St., Salisbury, Wicomico, Md. 220 I certify that I took charge of the remains described above, held on Autopsy X. Inspection X Inquiry X. Notural couses . Accident . Suicide . Homicide XI. deoth resulted from: Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR December 10/1968 Royer, M.D. DEPUTY MEDICAL EXAMINER Ear 1 **EXAMINER'S** 5 may TO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 409 Camden Ave., Salisbury, Md. 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION. 23b DATE 23d LOCATION (City or Town) REMOVAL (Specify)

Dec. 12,1968

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

24. FJNERAL DIRECTOR

Wicomico Memorial Park Salisbury, Wicomico, Maryland DATE

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12b KIND OF BUSINESS OF

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YES &

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County

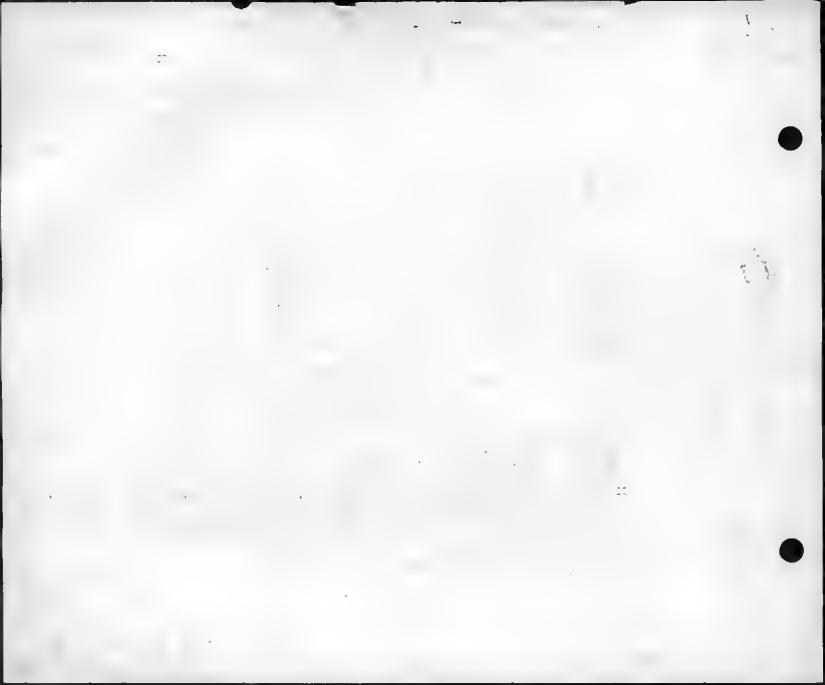
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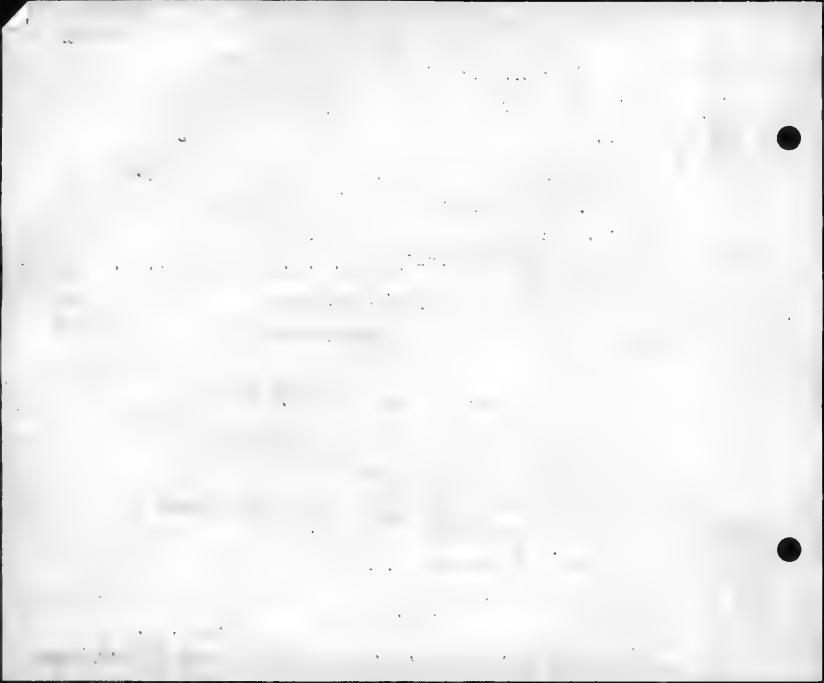
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301-W, PRESTON STREET, BALTIMORE, MARYLAND 21201 18480 CERTIFICATE OF DEATH I DECEASED-NAME 20 DATE OF DEATH Middle 2b HOUR hin 24 hours after deoth. (Type or print) DIANNE ELIZABETH mpletely filled in by the fune to corbon papers. Pages 1 of within 72 hours after 3 SEX 4. RACE 6. AGE (In years IF LINDER 1 YEAR IF UNOER 24 HRS. lost birthdoy) HOURS White 1968 Sept. 25. FEMALE. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7g. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED WICOMICO WIDOWED Baby VORCED Maryland USA 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Peninsul**å** General Hospital during most of working life, even if retired.) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3e STREET AND NUMBER 13d. INSIDE CITY LIMITS? low requires that the death certificate be executed 13b. COUNTY Maryland Wicomico Salisbury NO [Kavwood Drive signed by the ottending physicion and camp buriol-transit permit. Then please remove and in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Lost Philip Corinne Lawrence Kenworthy Marv Herbert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (Father) Address Kaywood Drive Yes, no, or unknown) (If yes give war or dates of service) Philip H. Kenworthy, Salisbury, Maryland or removol, APPROXIMATE INTERVA FAILURE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) cremation, Conditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF be retoined by the hospital or attending physician. stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t f Health prior to b O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO Z 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) be detoched Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. County Stote City or Town While Not while of work 22a. I certify that/(1))(this haspital) attended the deceased from 1/1/1, 1968, to 12/9, 1968, that (1)/(we) last saw the deceased alive an 12/8, and that in (ny) (aur) apinian death accurred an the date and haur and from the should causes stated abave (1) (we) (did) (did po) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED mo DEGREE ATTENDING STAFF PHYS. MED DIRECTOR PHYS. 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) Alberta Mattax Polin. M.D. 707 Camden Ave., Salisbury, Maryland director, should 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) Dec. 11,1968 Annunication of B.V.M. McSherrystown, Adams, Burial 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 30M REV 1/68 DEC 1 2 1968 HOLLOWAY & COMPANY, SALISBURY, MARYLAND





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1 0	ECEASED-NAME FI	rst	ACAD.		1 .		T.			X O N		
	Type or print)		Middle		Last		20.	DATE OF DEATH Month	Dou	. V	2b. HOUR	
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3 S	EX	4. RACE			S. DATE OF E	BIRTH		6 AGE (In	yeors	F JNDER YEAR	IF UNDER 24 HRS	
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	otry)Maryland	U.S.A.		WIDOWE	DIVO	RCED 🗌		WICOMIC			Md	
10	CITY OR TOWN OF DEATH	11 NAM	OF HOSPITAL OR INST	I) NOITETI	f nat in hospita	12o USU	AL OCCL	JPATION (Kind of we	ork dane	125 KIND OF	BUSINESS OR	
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/ 13a	JSUAL RESIDENCE (Where deco	eased lived, if institution	Residence before	13c CITY		13d. INSIDE CITY L		13e STREET AND NE	IMBER			
J. J.	Mary Land	13b. Kent		Gel	t	A £2 🔲 NO	0 🗆					
14	FATHER'S NAME First	Middle	Last		15 MOTHER'S N	AIDEN NAME F	First		Middle		last	
	Joseph	I	Martin		H	annah				Unkno	wn	
	. WAS DECEASED EVER IN U.S. A		b. SOCIAL SECURITY NO	0 17	INFORMANT				Address			
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1	Canditions, if any, which gave)											
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	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
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, E					YES [NO 📆	1	CAUSES OF DEATH?				
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MEDICAL	OR CONTRIBUTING CAUSE OF D	(EATH HOUR A.M /	Month Day Year									
景	21d INJURY OCCURRED 2	A PLACE OF INJURY / AT	HOME FARM, STREET, FACTO	DRY 1 21f	LOCATION Sire	et or R.F.D. Na.		City or Tawn		County	State	
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	22a. I certify that (K (alive on Decemb	per 15 19	68, a	nd that in An	w) (aur) api	inian c	leath accurred a	n the da	te and hour	and from the	
	couses stated abo	veX(I) (we) (did) (Xi)	d XXI) view the b	ady afte	r death	,,,						
Į.	22b SIGNATURE	()	<	1	ATTENDI	NC - N	AED.	CTAFF WE	220	DATE SIGNED L2/16/6	0	
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	22d. PHYSICIAN'S			-	22e ADI	DRESS					21801	
	NAME (Type) ' C.	H. Winnaco	tt, M. D.		Dee	r's Rea	ad I	lospital;	Sali	sbury,	21801 Md.	
		DATE	23c NAME OF CE					LOCATION (City or To		(Caunty)	(State)	
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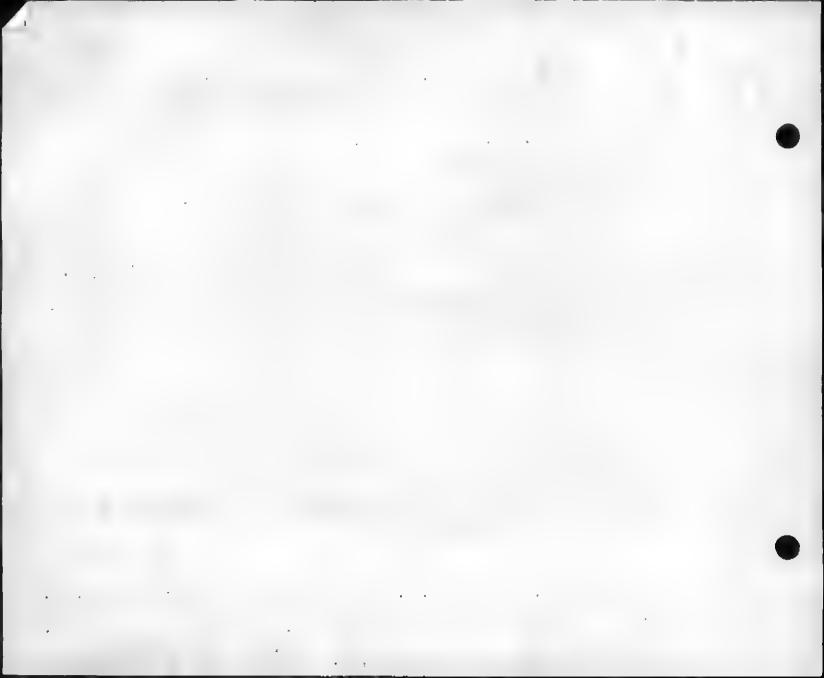
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours

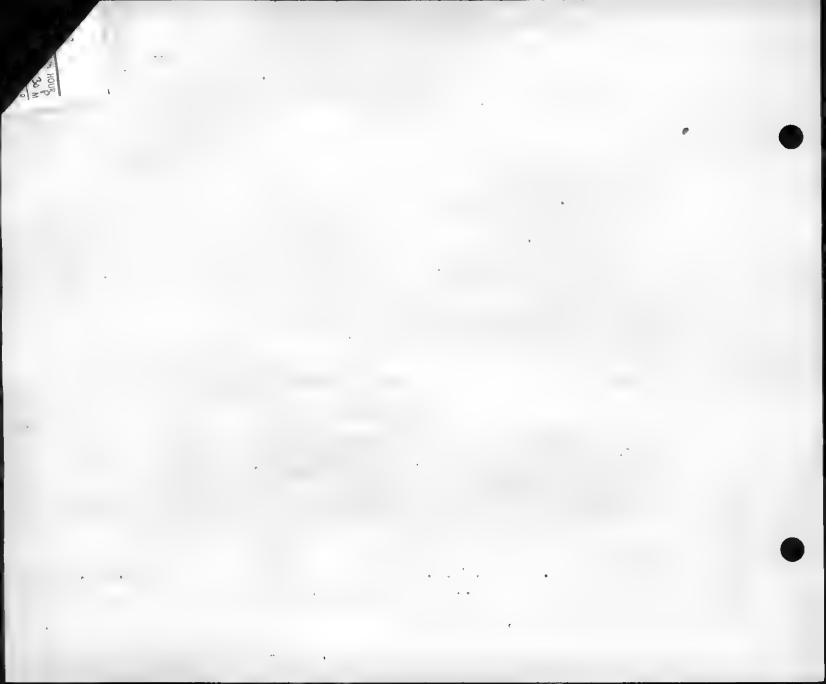
Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and comprete director, page 3 shauld be detached for use as the burial-transit permit. Then please remove care should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,



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VR ATSME (5)		HOLLOW	AY & CON	IPANY. S	SALTSBUR	Y. MARY	IAND	DATE DEC 9	1968		rela Orde	





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH death. 24 haurs after death pup (Type or print) in by the funeral rs. Pages I and Yeor ofter (3 SEX 4 RACE : IF UNDER + YEAR AGE (In years last birthday) IF LINDER Cays HÖLRS 06 22-Mours & 76 B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED | NEVER MARRIED papers. country icomico WIDOWED 5 DIVORCED P 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR within giverstreet oddress) INDUSTRY LA BORCE during most of working life, even if retired.) SOURL 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before event, 13c CITY OR TOWN the attending physician and cample sit permit. Then please remave car 13d INSIDE CITY LIMBES? 13e STREET AND NUMBER law requires that the leath certificate be executed SNOW Hill YES [and in any 14 FATHERS NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle -ast TEORGE 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) SNOWH ar removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) crematian, Conditions, if any, which gave) burial-transit rise to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(g) Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of Health , YES 🗌 NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INSURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M director, page 3 shauld be detached should be filed with the State Dept. of 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21d INJURY OCCURRED 21f LOCATION Street or R F D No City or Town State County While Nat while at work at work -OR ATTENDING 22a. I certify that (i) (this hospital) attended the deceased from 68 and they in (my) (our) opinion deoth occurred on the date and hour and fram the sow the deceased alive on causes stoted above, (1) (we) (did) (did not) view the body ofter death 22b SIGNATURE 22c DATE SIGNED ATTENDING MED. STAFF DEGREE DIRECTOR PHYS 22d PHYSICIAN S 22e. ADDRESS NAME (Type 23a BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR (REMATOR) (Caunty) (State) BAPTIST JNOWH:11 ERSEY POR COOKIST REC D. BY REGISTRAR



2b HOUR 20.4 M

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•		TO DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARTLAND 21201								
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3							
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Year							
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302/12	3 5	EX 4. RACE 5 DATE OF BIRTH 6 AGE (In years) F - NOER TEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d							
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is of the form	CERTIFICATION	WAS PERFORMED?	YES 🔼 NO							
CAMINER: This certificate should be executed within 24 hours to the certificate, writing the ward "pending" in pencil in Item 1 je 4 should be farwarded to the Chief Medical Examiner's Office your files. age 3 should be used as a bunial-transit permit. File pages 1 and 2 cremation, ar remaval, and in any event within 72 hours after and in any event within 72 hours after and in any event within 72 hours after and in any event within 72 hours.		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Yeor 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	m 18.)							
erti ould soul	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19								
the certifies triples.	딅	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State							
ge rem		WHILE AT WORK AT WORK								
ressary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solfth prior to burial, crem		22a. I certify that Laook charge of the remains described above, held an Autopsy [X]. Inspection [X], Inquiry [X]	, and in my opinio							
Execution of the control of the cont										
Se se number		death resulted from Natural causes 🗶 Accident 🗍 Suicide 🗍 Homicide 🔲 Undetermined manner [
Ty blease y, please and directs be retained (AL DIREC		ACTUAL CHIEF MEDICAL EXAMINER CHIEF	4							
AL AL		ASSISTANT MEDICAL EXAMINER 1								
CLEASORY, IS E funeral may be refuneral solith price			27, 1968							
necessar the fune 5 may b 10 FUNER Health		NAME (Type) 409 Camden Ave., Salisbury, Mandress (Street, city, town, or county)								
10 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	230	DEMOVAL (Specific)	(County) (State)							
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VR A15ME		Clinton Stewart, Salisbury, Md. DATE DEC 3 1 1968 2CL	arles Inder							





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1		DIVISION OF THAE RECORDS, 301 W. PRESION STREET, BALLINGRE, MARTEAND 21201	
		Item#13e, FilmG'109 1/30/69 km CERTIFICATE OF DEATH DECEASED NAME First Middle Lost L2o, DATE OF DEATH 1648;	
death.		(Type or print) M MRC FITTA BOTH MORNING DOY YEAR	
after deat the funeral ages I and softer deat	3 5	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 17 EAR IF UNDER 22	
the f		Female White SEPT 26, 1887 lost methoday) YRS. MONTHS DAYS HOURS	MIX
A Page	70 cou	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	_
Z 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10	WICOMIECO	h
within	,	Salisbury gwestreet oddress la Gen. Hosp. during mest working life even if retired.) INDUSTRY	R
law requires that the death certificate be executed within 24 haurs after/death nding physician. been signing by the afterwing physician and completely died. the burial-transit permit. Then please remover about both and 2 is and 2 is at the burial, cremation, ar removal, and in universent within 72 bours efter death.	13o odn	USUAL RESIDENCE (Where deceosed lived, functifut on: Residence before 13c. CTY OR TOWN 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY CO SALTOURY YES NO 27 Virginia Avenue	
exe Substitution	14.	FATHER'S NAME First Middle (Lost) IS MOTHER'S MAIDEN NAME First Middle Lost	
e be an al	L	WILLIAM HYNSON MOHER MAIDEN NAME FIRST JA LESTES	
equires that the death certificate be physician. signal by the attending physician abusial-transit permit. Then please reburial, crematian, ar remaval, and in the places.	160	2). WAS DECEASED EVER IN U.S. ARMED FORCES? 16b OCIAL SECURITY NO 17 INFORMANT (If yes give war or dates of service) 16b OCIAL SECURITY NO 17 INFORMANT (If yes give war or dates of service) 18b OCIAL SECURITY NO 17 INFORMANT (If yes give war or dates of service) 18b OCIAL SECURITY NO 1	4
ing p		18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART I DEATH WAS CAUSED BY	TH.
deat free n, ar		is 28 y IMMEDIATE CAUSE (0) Caraliae Cerces	
the a		Conditions, If ony, which gove	
that bn. IIIy t rans rem		rise to immediate couse (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ires ysici ysici ial-t		lost. (c)	
The law requires the attending physician, has been signing fixed as the burial-trank priar taburial, cre		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
The law ratending attending has been se as the h priar ta	NOIL	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
DING PHYSICIAN: The law reby the haspital or attending 4fter this certificate has been be detached far use as the State Dept. of Health priar tal	CERTIFICATION	YES NO CAUSES OF DEATH?	
AN: If ar cate ar u			
YSICIAN: aspital ar certificate thed for u	MEDICAL	(If either, notify medicol examiner) P.M. 19	
JING PHYSICIAN: by the haspital ar fler this certificate be detached far u State Dept. af Heal	-	While Not while Coping C	6
NG the ter trate de de		22a. I certify that (1) (this haspital) attended the deceased from 12/2 3/96d, to 12/2 3/968, that (1)/(we)	n.
OR ATTENDIN OR ATTENDIN De retained by EECTOR: Affer S 3 should be and with the Star		saw the deceased above on 27 2 1962, and that in (my) (au) apinian death accurred an the date and haur and from causes stated above, (I) (we) (did) (did nat) view the bady after death.	th
OR ATTENE be retained limeCTOR: A e 3 shauld ed with the		22b SIGNATURE 22c DATE SIGNED	
OR be red wheeled w		MILITARIES PHYS DIRECTOR PHYS. 12/22/60	,,,
ITAL may RAL pag be fil		22d. PHYSICIAN'S NAME (Type)	
Page 4 may be retained by the hoo Innerector, page 3 shauld be detacted by the detact should be filed with the State Deg	23o.	BURIA. CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cuty or Town)/ (County) (Stote)	
5 5 5 4 W		SHORESTIN_ DEC. 26, 1968 YENTON OOK. MI)
VR A15 (4) 45M 1/69	74	EUNERAL DIRECTOR ADDRESS ADD	
42m 1/07	IL	The same of the sa	



MARYL AND



23a BURIAL, CREMATION

FUNERAL DIRECTOR

REEN ACRES

23c NAME OF CEMETERY OR CREMATORY

DALISBURY REC D. BY REGISTRAR

23d LOCATION (City or Tawn)

Wico Md.

(County)

2b. HOUR

State



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18379

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by-the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers, Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that Page 4 may be retained by the haspital or attending physician.

tertificate be executed within 24 hours after death.

CERTIFICATE OF DEATH

18492

												_	
	ECFASED-NAME	First		M. ddle		East		2a D/	ATE OF DEATH	D-	v	2b, F	HOUR
1	(ype ar print)	LEVIN		RØBERT		OVERT	ΝC	D	ecember	9 ^{Doy}	1968		М
3. S	EX	4	RACE			S DATE OF I			6 AGE (In last birth	years	IF UNCER 1 YEAR	IF UNCLER	A
	Ma 1 e		Whi	te		Janua	y 7, 18	899	last birth	rday) YRS.	MCINTHS CIAYS	HOURS	MiN,
	BIRTHPLACE (Stote of	r foreign 7b.	CITIZEN OF WHA	AT COUNTRY?	8 MARRIED	NEVER MA	RRIED	9 COUN	TY OF DEATH				
COU	North	Carolina	US	SA	WIDOWED		RCED 🗌	W	/ICOMICO				Md.
10.	CITY OR TOWN OF D			ME OF HOSPITAL OR INS			12a. USUA during ma	L OCCUP	ATION (Kind of working life, even i	rark dane f <u>re</u> tired)	125. KIND OF INDUSTRY	BUSINESS	OR
10	Şalish	,				-			rking life, even i		Jealer		
adm	USUAL RESIDENCE (IISSION) STATE		35 COUNTY		13c. CITY OF		13d. INSIDE CITY LIA		13e STREET AND N				
		ryland		<u> Vicomico</u>	Quan				P.O. Box				
14.	FATHER'S NAME	First	Middle	Last	1	MOTHER'S A	IAIDEN NAME FI			Middle		Last	
L			Dawson	0verto			Eff:	ie			Gord		
	. WAS DECEASED EV (es, no, or unknown)			16b. SOCIAL SECURITY N	10.	NFORMANT	(Wife)			Address F	0. Box	x 44	
L	nes, no, or otiknowing	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		220-12-08	21 M	cs. Eu	la B. O	ver_t	on, Quar	ntico,	Maryla	and	
	18 CAUSE OF DE	ATH (Enter only on	e couse per line	for (a), (b), and (c))			10		4			MATE INTERV	
	PART 1. DEAT	H WAS CAUSED BY. IMMEDIATE CA		werm		e of	11 AT	ech	in		24	10	
L	15 7. 9	> InviteDiate Co		A CONSEQUENCE OF		- ()							
	Conditions, if any	, which gave)		A COUSEAGEMEE OF									
	eise to immediat		(b)	A CONSEQUENCE OF									
П	stating the unde	riying couse.	(c)	A CONSEQUENCE OF									
	PART 2 OTHER SE	GNIFICANT CONDITIO		ING TO DEATH BUT NO	T RELATED T	THE TERMIN	AL DISEASE OR CO	ONDITION	N GIVEN IN PART 1	(0)	=:		
l_	157V									4-7			
CERTIFICATION	19a. DATE OF OPER	ATION 196, COND	ITION FOR WHI	CH OPERATION WAS PER	RFÖRMED	20a. AUT	OPSY?		20b. IF YES, WERE	FINDINGS C	ONSIDERED IN C	ERTIFYING	3
S					YES NO NO			CAUSES OF DEATH?	,				
E	21a. ACCIDENT W	AS UNDERLYING	21b. TIME OF	INILIRY	21c H			nature (of injury in Port 1	or Part 2	Item 183		
3	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	Month Day Year			(2000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		V ,			
MEDICAL	(If either, notify r		P.M. E OF INJURY (AT HOME FARM STREET FAC	7067 \$ 215 II	OCATION Co.	at at DED. No.		City or Town		County	C	tote
	While Not what wark at wark		E OF INDUKT	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	211. 0	JUNION 311	rei of K.F.D. No.		City of 10MB		County	۵	1018
П				1 ()	1.0	5 1/12	60 10		0 12.17	10	6 1 11-1	/1) /.	2.1.
П	220. I certify	that (I) (this hi	aspiral) arre	nded the decease	o from c	d that in (r	ny) (aur) ani			, 17.	that	and fro	ej last
ш	causes si	ated abave, (I)	(We) (did) (did pot) view the	oady after	death.	ny/ (doi) dpii	man ut	- accorrect	un the du	ne una nuoi	uliu ilu	III IIIG
1	22b. SIGNATURE	2////		11						220	DATE SIGNED		
		VIII	LU		DEG	ATTEND REE PHYS		TED IRECTOR	STAFF PHYS.	O ne	cember/	121	1968
	22d. PHYSICIAN'S	· W				22e. AD					-,5:1114-5-1		
	NAME (Type)	Dr. Hen	ry A.	Briele		Me	dical C	ente	er, Salis	sbury	, Maryl	and	
230	. BURIAL CREMAT O			23c, NAME OF	CEMETERY OR				OCATION (City of		(Caunty)	(State	1)
	REMOVAL (Specify)		12,196	8 Quantico	Fpis	copa 1	Church	Cem.	. Quant	ico.W	4 */	ylan	d
24.	Burial FUNERAL DIRECTOR			ADDRESS	_ <u>_</u>		2Sa REC'D BY	Y REGIST	IRAR 2Sb. I	REGISTRAR'S	SIGNATURE	,	
		A & COME	O VIA	ALTSBURY	MARYI	AND			6 1968	orl.	mela. a		



5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. Tany delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page TO DEPUTY

VR ATSME SE TOM REV 1268

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	INE	40	MEDICAL	EXAMINER	e'S CI	ERTIFICATE	OF DE	ATH		18	493	
	ECEASED-NAME Type or Print)	First		Middle		Last			20. DATE KNOWN Mor	nth Day	Year	2b. HOUR
	type or ringl	LOUI	S PR	ESTON		PARKE	ER		OF ESTI-	2 1	19 6	\$ 915
3. SI	EX	4. RACE	S DATE OF BIRTH	6 AGE	(In years irthday)	MONTHS 1 YEAR	IF UNDER HOURS	24 HRS	2c. DATE PRONOUNCED DEAD			2d. HOUR
I.	ale	White	Λυσ.30.19		T YRS		HOURS	ann.	Mosth Opy	Yı	168	9:15 M
7a. l	BIRTHPLACE (State	or foreign	7b. CITIZEN OF WHAT CO	UNTRY? 8	, MAI	RRIED 🔀 NEVER M	ARRIED 🗌	9. COU	NTY OF DEATH			
COUR	Maryla:	nd	U.S.A.		WIDO	OWED DIV	ORCED 🔲	Wic	comico			Md
10 0	ITY OR TOWN OF	DEATH	11 NAME C	F HOSPITAL OR INS					CuPATION (Kind of work do		IND OF BUS	SINESS OR
	Salisbu	ry	give street	oddress 405 H	usto	n Terra	e Re	tire	working life, even if refreed Salesman	d) (INDUST	iry Lesma	n
13o.	USUAL RESIDEN	E (Where decease	ed lived, if institution	Residence before	13c CITY	OR TOWN	13d. INSIDE C TY	LIMFIS?	13e. STREET AND NUMBER			
-0	dmission) STATE	aryland	136 COUNTY/ico	mi.co	Sali	sbury	YES X 8	10 □	405 Huston T	errac	е	
14. F	ATHER S NAME	First	M ddle	Last		IS MOTHER'S MA	IDEN NAME	First	Middle		Los	t
	Ar	thur	Hiram	Parke	r		Vi	rgie	2		Parso	ns
		ER IN U.S. ARMED F		SOCIAL SECURITY NO). 1	7 INFORMANT			ADDRESS			
(1	es ao, or unknow Yes	(f) (If yes give)	wat at dates of service) 216	2-12-323	6	Mrs. Gra	ice S.	Par	ker Seesec 1	3		
	18. CAUSE OF	ON-SHARMAN - O T TO	y one couse per line for		di sees milyte						APPROX MATE	
		EATH WAS CAUSED	BY.		al r	nemorrh	age,	spo	ntaneous	- 0	Lou	
	IMMCDIATE CAUSE (o) COPEDITAL TIGHTOT THASE, SPOTTS ATTOMATED TO DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if only, which gave) Arteriosclerosis									years		
	rise to immediate cause (a), Storing the underlying cause DUE TO, DR AS A CONSEQUENCE OF											
	last	deriving coose	4.)									
	PART 2 OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTING TO	D DEATH BUT NOT	RELATED	TO THE TERMINAL	DISEASE OR	CONDITIO	N GIVEN IN PART 1(a)			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
CERTIFICATION	190 DATE OF O	PERATION		CONDITION FOR W	HICH OPE	RATION	·			1	20 AUTOPS	Y?
				WAS PERFORMED?							YES 🔲	NOZ
EE	210 EXTERNAL		216. TIME OF INJUR	Y Month, Doy, Year	2	To HOW INJURY O	CCURRED (Er	iter notus	re of injury in Port 1 or Port	2, Item 18.)	
MEDICAL	PRIMARY 0 CAUSE OF DEAT	R CONTRIBUTING [HOUR A.M.	19								
MED.	21d. INJURY OC	CURRED 21e. F	PLACE OF INJURY (At hor	ne, form, street,	2	If LOCATION Stree	or R.F.D. No		City or Town	Cou	nty	Stote
	WHILE IN	OT WHILE GO	ctory, office building, etc	}								
			ook charge of the re	mains describe	d abay	e held on Aut	U ASUU	Ins	pectian X), Inquiry	187	and in a	ny apinian
		sulted from:	Natural causes			Suicide .	Homicid		Undetermined mon		ded III ii	y apinan
	d'outtr' l'o	D	Harotageases	, Accident	المسيا		HEF MEDICAL			101		
	ACTUAL	And	1 Jan 1			4.7	ISISTANT MED			DATE SIGNED	D	
	SIGNATURE					71,0	PUTY MEDICA		A CONTRACT OF THE PARTY OF THE	-2-196		
	EXAMINER'S NAME (Type)	Dr. E	Carl L Røye	r						burv.		rland
230	BURIAL, CREMA	TION, 23b	DATE	23c. NAME OF C	EMETERY	OR CREMATORY			LOCATION (City or Town)			State)
	REMOVAL (Spec	ify)	2-4-1968	1		emorial 1	Do =1=	}	Salasburg		70	la e
24	FUNERAL DIRECT		74.1.700	ADDRES		38801-121	250 20	D BALREG	SISTRATION 2SEC REGISTR	AR'S SIGNAS	URE U	
	Hill Fu	neral Ho	ome Salisbu	ry, Mary	land	i	DATE	,	,	U		

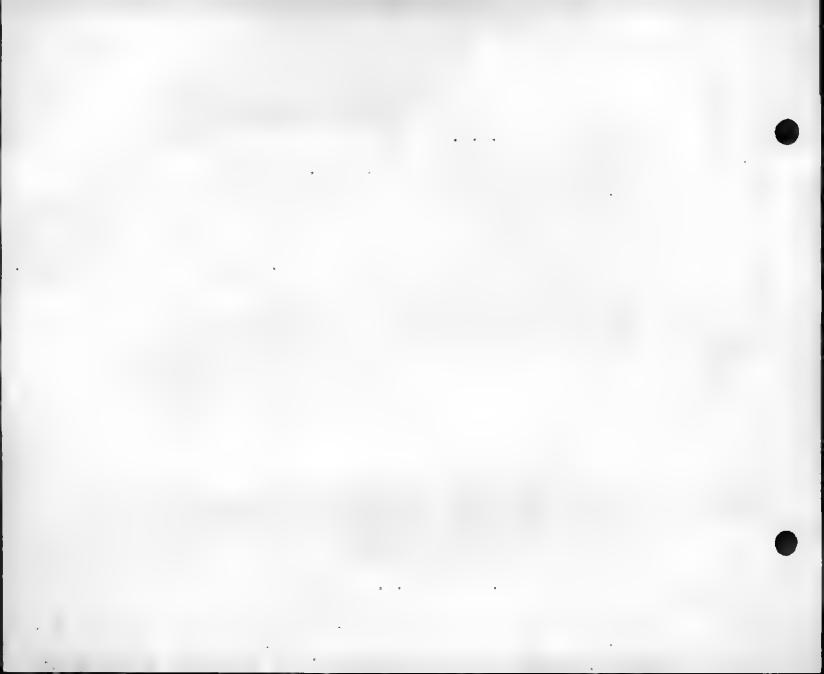




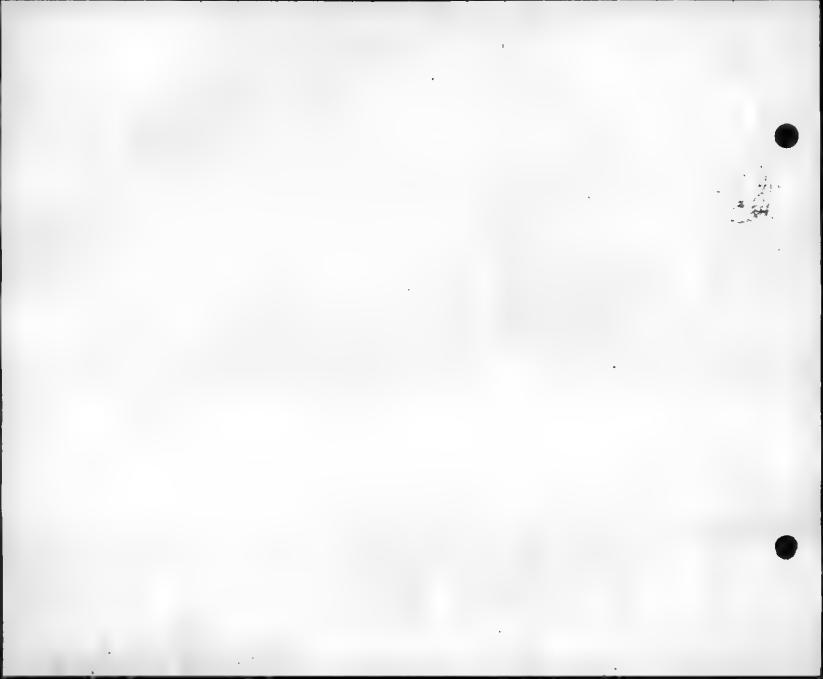
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY b COUNTY comico MARYLAND isonico. papers. 'Pagès, 1 hin 72 hours ofter b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Fruitland Fruit] .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Cedar treat Cadar Streat YES NO X within 000 3 NAME OF First Middle 4. DATE Manth Year letely DECEASED Pollitt Laure Decamber (Type or print) DEATH 19 68 burial, cremation, or removal, and in any event, Car S SEX 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remove 7 lest birthday) Haurs WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o. USBAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) eose during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Domestic The low requires that the death certificate VOD 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 늄 БP Lucinda Jones Charles IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service Genevieve Jones Fruit! 18. CAUSE OF DEATH (Enter only one cause per him for (a), signed by the buriol-transit p PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires th Page 4 may be retained by the hospital or ottending physicion DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO r this certificate has been so detached for use as the b ate Dept. of Health prior to b stating the underlying cause WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES [NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 of item 18.) be detached for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur a.m. foctory, street, office bldg., etc.) Nat While of work at wark **DIRECTOR:** After 21. I certify that (I) (this hasnital) attended the deceased and that death accurred at M, from causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE-SIGNED STAFF ATTENDING MD. PHYS DIRECTOR PHYS 22d 22c PHYSICIAN'S O FUNERAL NAME (Type) 23d LOCATION (City or Town) 23c. NAME 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 1969 Calvary Cemeters di comi co Buri 24 FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18496 1. DECEASED NAME Middle 2c. DATE OF DEATH 2b HOUR (Type or point) GAYLE PAGE 3 SEX 4. RACE hours after IP UNDER I YEAR last buthday) White June 1967 7o BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARR EDAT Maryland U.S.A. WICOMICO WIDOWED [DIVORCED physician and completery filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) IND.:STRY Salisbury Gen. Hosp. 13a. USUAL RESIDENCE (Where deceased rived, if institution Residence before 100 13c CITY OR TOWN 3d INSIDE CITY EIM TSP 13e STREET AND NUMBER requires that the death certificate be executed orcester 706 Walnut Pocomoke YES Street ease remove 14. FATHER'S NAME Last IS MOTHERS MA DEN NAME first Middle Last Charles William Ponder Jackie Sue Webb 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, or unknown) Charles W. Ponder, Pocomoke City. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) 36 hrs Conditions, if ony, which gove) rise to immediate couse (a) (stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/3 Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been os the 19g, DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? be detached for use State Dept. of Health p YES [21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d MIDRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town Caenty State While Nat while at wark couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING filed page e 22e ADDRESS Alfred C. Kolls, M.D. director, p 23c NAME OF CEMETERY OF PROMOTORY 23a BURIAL, CREMATION 23b DATE 23d LOCAT ON (City or Town) (County) 12-26-1968 Bethany Methodist Pocomoke City-Wor.-Md. 25a. REC D BY REG STRAR 25b. REGISTRAR S SIGNATURE ochanle Sen Pocomoke City. Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 9 & 11 per tele.call withFH CERTIFICATE OF DEATH 18497 1. DECEASED-NAME 2g DATE OF DEATH 2b HOUR (Type or pnnt) larTha 0 Cember 3 SEX 24 haurs after 4 RACE S. DATE OF BIRTH 6. AGE fin years IF UNDER 1 YEAR -emal 7b. CITIZEN OF WHAT 7a BIRTHPLACE (Stote ar foreign 9 COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico country WIDOWED D VORCED 10. CITYLOR TOWN OF DEATH 12a USUAL OCCHPATION 12b KIND OF BUSINESS OR during most of INDUSTRY 30 USUAL RESIDENCE (Wifere deseased lived, if institut on Residence before J3C CTY-OR TOWK 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY please remave OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut signed by the attending physician and con burial-transit permit. Then please remays gny 14. FATHER'S NAME IS. MOTHER'S LOST and In Yes, no prunkpown) (If yes give war or footes of se 16b SOCIAL SECURITY NO 17 INFORMANT (If yes give war or bates of service APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (s), (b) and (c))
PART I, DEATH WAS CAUSED BY: permit IMMEDIATE CAUSE (o) burial-transit perr burial, crematian, DUE TO, OR AS A CONSEQUENCE OF LUCS Candit ans, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the lath priar ta E Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use f Health r NO N YES 🖂 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) bage 3 shauld be detached be f.led with the State Dept. of 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. City or Town County State While Not while at work at work . 19 6 8 , that (!) (we) last 19-10 __19 68, and that in (my) (our) apinion death occurred on the date and haur and fram the 12-14 saw the deceased alive oncauses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, p shauld 23b. DATE 23a SURIAL, CREMATION 23d. LOCATION y or Town) REMOVAL (Specyly) r4 doce eclo 2Sq REC D BY REGISTRAR



pup

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages

DICAL EXAMINER:

FO DEPUTY

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the the funeral director. Page 4 shavid be forwarded to the Chief Medical Examiner's Office along

VR A15ME (5)

Health priar ta burial, cremation, ar removal, and in any event within 72 hours after death.

This certificate shauld be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12700

	MEDICAL EXAMINER'S CERTIFICATE OF DEATH												10390	3
		ECEASED-NAME	First		Midd	lle		Lost			20 DATE KI		Day Year	2ь нои
	(1	(ype or Print)	MILFOR	lD .	LEST	PUF	PURNELL			OF 6 DEATH M	ATED 12	-1-6819		
	3 28	X	4. RACE	S DATE OF BIR	TH	6 AGE (In year		DER I YEAR	IF UNDER		2c DATE PRO	DNOUNCED DEAD		2d. HOU
	M	ale	AA	11-9-	-43	lest binindey) 25 Y	MONTHS	DAYS	HOURS	MIN	Manth -	12 Day 1	Year 196	8
		BIRTHPLACE (State	or foreign 71	CITIZEN OF WH	AT COUNTRY?	8 N	ARRIED X	NEVER MAI	RRIED 🗍	9. COU	NTY OF DEAT	TH		
	coun	try)	rland	U.S. #		W	DOWED 🗀] DIVO	RCED [Wicon	mico		
36.	10 C	ITY OR TOWN OF			AME OF HOSPITA		N (if not	n hospital				nd of work done	12b. KIND OF 1	BUSINESS OR
- 1		Wills	rds	giveF	routes)	50				most of		e, even if retired)	INDUSTRY	
	130	USUAL RESIDEN	E (Where decease	lived, if institu	rion. Residence	before 13c. Cl		"	d. INSIDE CITY		13e STREET	AND NUMBER		
-	- 00	dmission) STATE	Md.	M3P COUNTA A	lorces	ter E	erli	n	YES N	10	RFD	2, Box	. 48	
7	4. F.	ATHER'S NAME	First	Middle		Last	15. MO	THER S MAS	DEN NAME	First		Middle		Last
			Wilmer		Purne	ell			Lil	llie	an		Bl	ake
	16a.1	WAS DECEASED EV	ER IN U.S ARMED FO		16b. SOCIAL SEC	URITY NO.	17. INFOR	MANT				ADDRESS		
	1.	as no, or unknow Yes	(1) (1) (1)	- GI WAZ-ES GI SHIFFICES			, Ap.	h P	nene	17	N A D	2 Box		
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Drowning											minu	tes
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			ny, which gave)	(b)										
		stoting the un		DUE TO, OR	AS A CONSEQUE	INCE OF								
		last.	,	(c)										
		PART 2. OTHER !	SIGNIFICANT CONDIT	ONS CONTRIBUT	ING TO DEATH B	UT NOT RELATE	O TO THE T	ERMINAL D	ISEASE OR (ONDITIO	N GIVEN IN P.	ART 1(o)		
	NO.	8014	/		Tan carrier									
r i	CERTIFICATION	190. DAIL UF U	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20. AUTO		
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		ACTUAL		\ /~				1.00	EF MEDICAL		MINER	22b. DATI	E SIGNED	
		SIGNATURE 2	Earl L.	Royer	M.D.			(*). D -	UTY MEDICA				. 3. 1	968
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	230.	BURIAL, CREMAT	10M, 23b D			ME OF CEMETE					LOCATION (C		(County)	(S1o1e)
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1	24	FUNERAL DIRECT		20 0.1	111-	ADDRESS			25o REC'I	BY REC	SISTRAR	2Sb REG STRAR S	SIGNATURE	
V		Clinto	n Stewa	rt, Sa	ılisbu	ry, Mo			DATE D	EC9	196	8 your	may Ju	dge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18499 CERTIFICATE OF DEATH 1. DECEASED NAME M ddie Lost 2g. DATE OF DEATH funeral n and 2 er death. 2b HOLLR cote be executed within 24 hours after deoth (Type or pant) cember 3. SEX 6 AGE (In years 5. DATE OF BIRTH E JNDER 1 YEAR 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) physicion and completely filled in WIDOWED I DIVORCED [NICOMICO 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 126 KIND OF BUSINESS OR give street oddress during most of working life, even if ret red) corbon event, 130 LSUAL RESIDENCE (Where deceased lived, if institution, Residence before CITY OR TOWN 13a STREET AND NUMBER 13c. 13d IRSIDE CITY LIMITS? odmission) STATE COUNTY please remove and in ony 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC-AL SECURITY NO 17 INFORMANT / Yes, no. or unknown) (It yes give war or dates at service) or removal, 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH the attendir permit. IMMEDIATE CAUSE (o) signed by the after burial-transit perm burial, cremation, o Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) offending TO FUNERAL DIRECTOR: After this certificate has been d for use os the of Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🗍 be retained by the hospital or 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) should be detoched director, page 3 should be detoche should be filed with the State Dept. 21d. NURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 12 17, 19 67, to 12-27, 1968, that (1) (we) last saw the deceased dive on 12 27, 19 47, and that in (my) (our) opinion death occurred an the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR STAFF DEGREE 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d BURIAL, CREMATION 250 REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18500 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR mithin 24 hours after ≡ath. (Type or print) EDWIN MONROE Yeor 3 SEX 4 RACE S. DATE OF BURTH 6 AGE (In years IF UNOFR 1 YEAR WHITE 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED THEVER MARRIED 9. COUNTY OF DEATH country) DELA WARE DIVDRCED [WICOmico WIDOWED 10. CITY DR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give street oddress) during most of warking life, even if retired.) PENINSULA 13a USUAL RESIDENCE (Where deceased lived if institution- Residence before low requims that the death certificate be exacated 14 FATHER'S NAME Middle Lost IS. MOTHER'S MA DEN NAME First the ottending physicion ond ist permit. Then please run Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Il yes give war or dates of service) Yes, no, or unknown? HE ENA IB. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) bursol, cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians if any which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT KELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [be detached for use State Dept. of Health 12.11.68 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING [CAUSE OF DEATH HOUR A.M. Manth Doy (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 12-3, 1962, to 12-2-3 saw the deceased olive on 13-23 1968, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stated above, (!) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23g. BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) GDD PELLOWS CEMETERS VR A15 (4)



REGISTRAR'S SIGNATUR

2So. REC'D BY REGISTRAR

DEC

1968

Middle

CERTIFICATE OF DEATH 1. DECEASED-NAME Last 2g. DATE OF OEATH First 2b. HOUR (Type ar print) .968 ADDIE DUNCAN RAYNE Dec. 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER E YEAR lest birthday) HÖURS 1882 White Apr. 17. Female 7g, BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED -DIVORCED [7] Wicomico 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT On (Kind of work done 12b. KIND OF BUSINESS OR give street padress) during most of working life, even if retired)
Housewife **INDUSTRY** Willards St. Own Home 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? Maryland 13b COUNTY NO T comico Willards Main St 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Last Brittingham Marth Lemuel Duncan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) 215-38-1015 Miss Agnes Rayne, Willards MD APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter an y one cause per line for (a), (b), and (c).)
PART I. OEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗔 NO T 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 2, Item 18.1) OR CONTRIBUTING CLEAUSE OF DEATH HOUR A.M. Month Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INDURY AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 1950, causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS. **OEGREE** PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Frank R. Lewis Willards. Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE BUR AL, CREMATION, (County) New Hope Cem. /1968 Willards

ADDRESS

Show Hill, Md.

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR

director, should be

requires that the Leath certificate Le executed within 21 Laurs after

caparetely filled in by the nave capacin papers. Pages by event, within 72 haurs afti

please rémaye

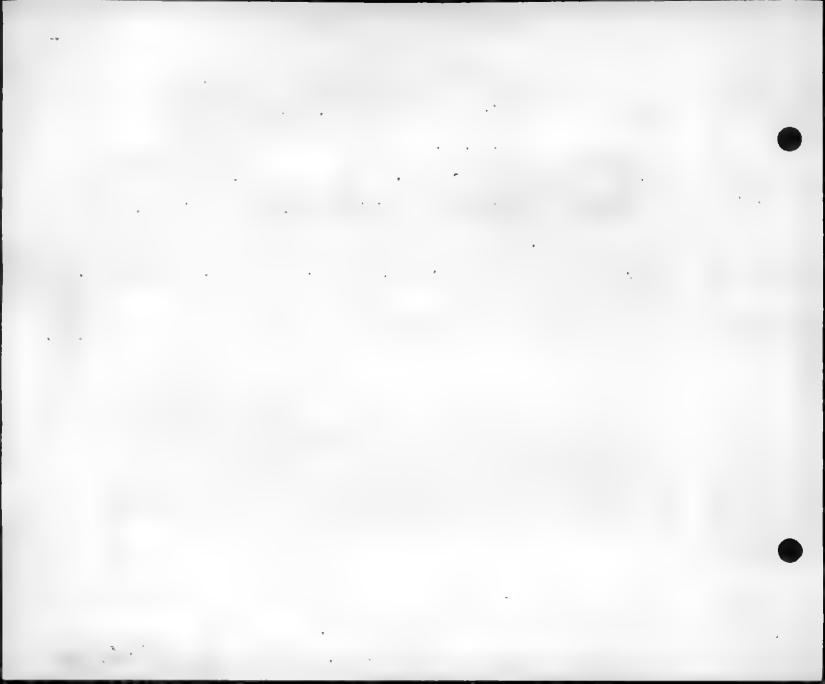
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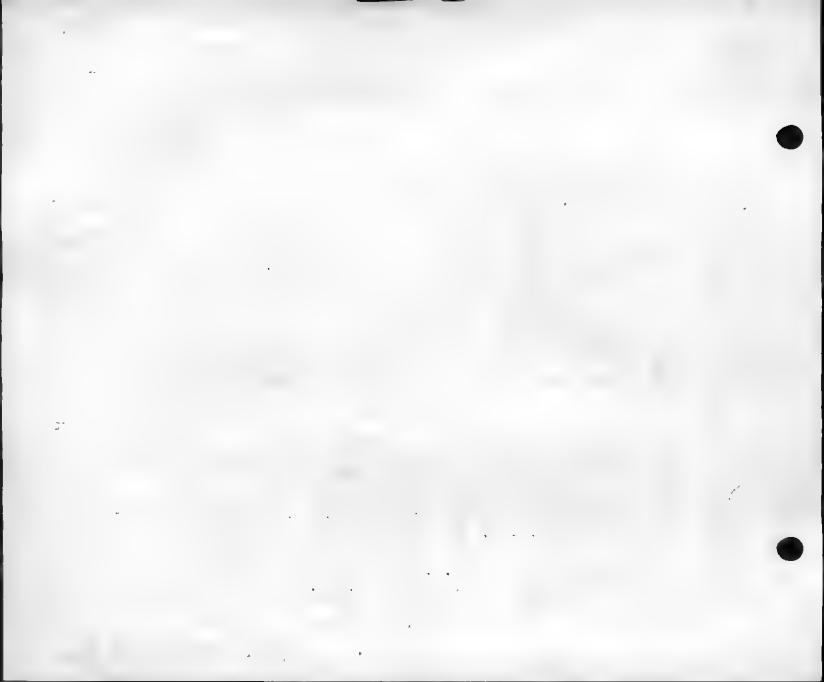
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O FUNERAL DIRECTOR: After this certificate





MARYLAND STATE DEPARTMENT OF HEALTH 18390 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 850 DECEASED-NAME First 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) MILDRED 3 SEX 4. RACE 6 AGE (In years IF LINDER I YEAR last birthday) Female Whi te Dec. 21. 1902 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED (Ountry) Maryland WICOMICO U.S.A. WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 1 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BILSINESS OR General Hospitaring Caty Work work to the tree of the control of t Salisbury Government 130 USUAL RESIDENCE (Where deceased aged, if institution. Residence before 13c CITY OR TOWN 13d HASIDE CITY LAW TS7 13e STREET AND NUMBER admission) STATE 715 Walnut Street signed by the attending physician and familibrial-trans! permit. Then please remove Pocomoke 14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost Schoolfield, Sr. Samuel Irene Ray Dorsey 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes, na, ar unknawn) ar remayal, 212-03-5446 Miss Doris Schoolfield, Pocomoke 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tak Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 19th DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? be detached for use YES | HO F director, page 3 should be detached far use should be filed with the State Dept, af Health 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M Manth Day (AT HOME, FARM, STREET FACTORY.) 21F EOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21s. PLACE OF INJURY City or Town County State While Nat while at work 22a I certify that (I) (this hespital) attended the deceased from 1900, to 1200 1908, that (I) (we) last saw the deceased alive on 1900, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) [wet (did) (did yot) view the body after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR 22d. PHYSICIANS 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OF CREWNIERS 23d LOCATION (City or Tawn) 23a BUR AL, CREMATION (Caunty) 2-18-1968 Salem Methodist Pocomoke City-Wor.-Md. 25g RECD BY REGISTRAR en Pocomoke City, Md.



physicion and completely filled ATTENDING PHYSICIAN: The law requires that the death certificate be executed within remove carbon signed by the attending the 'O FUNERAL DIRECTOR: After this certificate has been ٥ Poge 4 may director, should by

hours

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

County

and that in (my) (aur) apinion death accurred an the date and haur and from the

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HOURS

Last

12b KIND OF BUSINESS OR

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Maryland

BETWEEN ONSET AND DEATH

causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE

saw the deceased alive an_

DEGREE

22c. DATE SIGNED December

Salisbury, Maryland

23g BURIAL, CREMATION REMOVAL (Section

24. FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (Type)

Dr. Carrie Hearn 23b. DATE Jan. 2, 1969

22a. I certify that (I) (this haspital) attended the deceased fram...

23c. NAME OF CEMETERY OR CREMATORY J. Wm.

ADDRESS

Lee's Sons Co.

N. Division

Washington, REC'D BY PEGISTRAR

D.C.

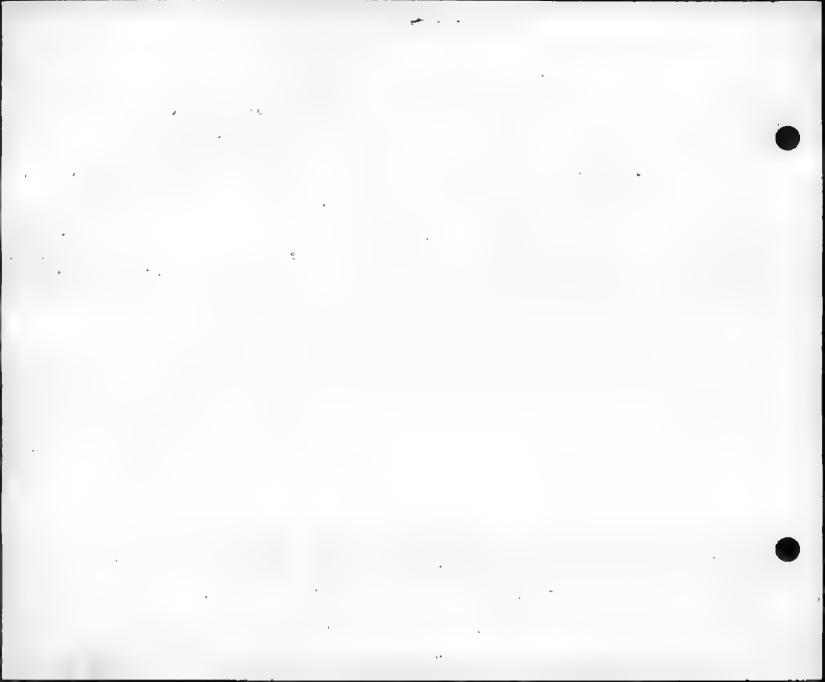
(County) (Stote)

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

23d LOCATION (City or Town)

REGISTRAR'S SIGNATUR

VR A15 (4) 30M REV, 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle First Last 2g, DATE OF DEATH 2b. HOUR rdeath within 24 haurs after death (Type or print) and completely filled in by the funeral remaye carban papers Pages and Manth Downing Smith Scorge SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years last brithday) Male Your White 6 YRS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) en please remave carban papers event, within 72 WIDOWED DIVORCED Wisomice 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 20 JSUA. OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR g ve. street address!
Deer sheadStateHospital during most of work no life, even if ref, red INDUSTRY Salisbury 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER xecuted YES NO burial, crematian, ar removal, and in any 14. FATHER S NAME Middle IS MOTHER'S MAIDEN NAME First M.ddle ROBERTSON PHYSICIAM: The law requires that the death certificate be, physican 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAb. SOCIAL SECURITY NO 17. INFORMANT Address BATON MO CONOVER CROUSE APPROXIMATE MTERNAL 1B. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c), BETWEEN DASET AND DEATH PART I. DEATH WAS CAUSED BY permit. Chronic pulmonary emphysema Years IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-transit rise to immediate cause (a) signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🚍 Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INTURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical exominer) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Mot while at wark , and that in (75%) (aur) apinian death accurred on the date and haur and from the (we) (did) (dydynyt) view the bady after death. causes stated above. 226 SIGNATURE 22c DATE SIGNED STAFF DIRECTOR PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Charles Winnacett, M.D. Box 2018, Salisbury, - 21801 250 BUR AL, CREMATION 250 REC'D BY REGISTRAR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18506 DECEASED NAME Middle Last 2c. DATE OF DEATH First 2b. HOUR death. (Type or pnnt) Dera 968 NORMAN BENJAMIN SMITH December 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years last birthday) June 16, 1908 Male White 24 hours 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH within 72 hou 8. MARRIED 🔀 NEVER MARRIED 🦳 Maryland campletely filled in carban papers. USA WIDOWED [DIVORCED [WICOMICO 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KiND OF BUSINESS OR requires that the death certificate be executed within give street address) Peninsula General Hospital during most of working life, even if retired.)
Carpenter Building Salisbury 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before and in any event, 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY the attending physician and cam sit permit. Then please remave Baker Street Mary 1 and Wicomico Salisbury 14. FATHER'S NAME Middle Lost Middle First 15 MOTHER'S MAIDEN NAME First Smith Milbourne Foskey Isaac Emma Jane 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Wife) Address 1 1 Baker St. Yes, no, or unknown) (f yes give war or dates of service) ar remaval, 217-10-2216 Louise Smith, Salisbury, Maryland War 18. CAUSE OF DEATH (Enter only one couse per lige for (a), (b), appl (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) attending p this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Health YES 🗀 NO [TO HOSPITAL OR ATTENDING PHYSICIAN: 1
Page 4 may be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) detached 21d. INJURY OCCURRED 21s. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town County State While Nat while at work at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from 124 19 saw the deceased alive an 12/2/16 , and that in (my) (aur) apınian death accurred an the date and hour and fram the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS DIRECTOR December 23 / 1968 22d PHYSICIAN'S 22e ADDRESS NAME(Type) Dr. Carrie I. Hearn 226 N. Division, Salisbury, Maryland 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Dec. 24,1968 Wicomico Memorial Park Salisbury, Wicomico, Maryland 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS 1968 30M REV. 1/68 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18507 1. DECEASED-NAME 20. DATE OF DEATH 2b HOUR (Type or print) 3 SEX 5 DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR last brininday) MONTHS HOURS YRS 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [LO_CITY OR TOWN OF DEAT 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital . OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR mast of working ite, even if retired) give(street address) LADUSTRY TUIS carban physician and campleted 13a LSUAL RESIDENCE (Where deceased lived, if ipstitution Residence before 3c CITY ORATOWN requires that the death certificate be executed 13d. INSIDE CITY JMITS? 13e STREET JAND NUMBER Bell mico and in any 14. FATHER S NAME Last MOTHER'S MAIDEN NAME Middle Last please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT Address 12 LV. Yes, no, or unknown) (If yes give wor or dates at service) signed by the attending phy APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter an y one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Ь IMMEDIATE CAUSE (a) Conditions, if any, which gave) 111X5C101-4 rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to as the has been 9a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? be detached far use State Dept. of Health YES 🖂 NO [O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hern 18) Page 4 may be retained by the haspital OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at wark at wark L 22a. I certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYSICIAN S 22e ADDRESS director, shauld 23a BURIAL CREMATION, REMOVAL (Specify) 23b DATE NAME OF CEMETERY OR GREMATORY (LOCATION (C ty'ar Town (County) (State





with farm

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office

5 may be retained for your files.

VR A15ME (5)

TO DEPUTY

Health priar to buriol, cremation, or removal, and in any event within 72 hours after IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 N. PRESION STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18509

	DECEASED-NAME Fire (Type or Print)		st Middle			Lost			20 DATE KNOWN Month	Doy Yeor	26 HOUR		
,	Type or Print	HERB	ERT	CHANDLER		STURG	SIS		OF ESTI- 12/	′17 ₁₉ 6	68 6 M		
3 S	SEX	4 RACE	S DATE OF BIR		E (In years	IF UNDER 1 YEAR		A HRS.	2c DATE PRONOUNCED DEAD		2d. HOUR		
	Male	White	June 1	$2, 1880 _{88}$	birthday) YRS	MONTHS DAYS	HOBKS	MIN	Month Day	Yeor 1968	8 6 M		
70.	BIRTHPLACE (Stote	or foreign	75. CITIZEN OF WH			RRIED NEVER I	MARRIED 🗍	9. COU	NTY OF DEATH				
COU	^{ntry)} Mary1	and	USA				VORCED 🔲	W	ICOMICO		Md		
10.	CITY OR TOWN OF	DEATH		AME OF HOSPITAL OR IN				SUAL OC	CUPATION (Kind of work done	12b. KIND OF B			
	Salis		9001	street oddress) 4 Truitt S	tree	t	Lab	ore		INDUSTRY CON	npany		
130.	. USUAL RESIDENCE	E (Where deceo	sed lived, if institu	ition Residence before			13d. INSIDE CITY L		13e. STREET AND NUMBER				
- L	odmission) STATE	Marylan		Wicomico	Sal	isbury	AE2 🗗 W	0 []	614 Truitt S	treet			
14.	FATHER'S NAME	First	Middle			TS MOTHER'S N		First	Middle		ost		
		Peter		Sturgi				len		(unknow			
	. WAS DECEASED EV Yes, no, or unknow		FORCES? wor or dates of service)	16b. SOCIAL SECURITY N	10 1	17. INFORMANT)aughte	er)	ADDRESS 407	Barcla	y St.		
,	No	(1) (1) (1)	- Was at at 200 301 301 11.07	214-10-66	70A	Mrs. He	len C.	Sto	ry, Salisbury,	Maryla	nd		
	1B. CAUSE OF	DEATH (Enter or	ly one couse per li	ine for (o), (b), ond (c).						BETWEEN ON	ATE INTERVAL ISET AND DEATH		
	PART I. D	sis m	onths										
	1532 DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if ony, which gove is to immediate course (a). (b)												
	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF												
	last. (c)												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
3	شرم مب												
ATIO	190. DATE OF O	PERATION		19b. CONDITION FOR WHICH OPERATION						20 AUTO	PSY?		
CERTIF, CATION				WAS PERFORMED?					YES	NO 📆			
	210. EXTERNAL (INJURY Month, Doy, Yeo	r 2	Tic. HOW INJURY	OCCURRED (Ent	ter notur	e of injury in Port 1 or Port 2,	item 18.)			
MEDICAL	CAUSE OF DEAT		□ P.	M. 19									
¥	21d INJURY OCC		PLACE OF INJURY (octory, office building	At home, form, street, 21f LOCATION Street or R.F.D. No.					City or Town	County	Stote		
	AT WORK AT NO	T WHILE	ciory, office buildin	rg, etc.)									
	22a. 1	certify that I	taak charge of t	he remains describ	ed abav	e, held an Au	itapsy 🗍,	Ins	pection X, Inquiry D	ond in	my opinian		
	death re	sulted fresh	Natural caus	ses 🕱 , Acciden	t 🔲.	Suicide .	Hamicid	e 🔲	Undetermined manner	r 🗆			
		1					HIEF MED CAL 1	EXAMINE	R 🗍				
	ACTUAL SIGNATURE	/Can	1 6	MA	-	MD -	SSISTANT MEDI	CAL EXA	MINER 226 DAT	TE SIGNED			
	EXAMINER'S	Earl L	Royer,	M.D.		0	EPUTY MEDICA			ember 20	/1968		
	NAME (Type)			., Salisbu	ry,	Md.	DDRESS(Street,	city, to	wn, or county)				
230	BUR AL, CREMAT	ON, 23b	. DATE	23c. NAME OF	CEMETERY	OR CREMATORY		23d	COCATION (City or Town)	(County)	(Stote)		
	REMOVAL (Speci Burial	De De	c20.19	68 St. Jo	hn!s	_Cemete	rv.	Po	wellville.Wice	omico.Ma	rvland		
24.	FUNERAL DIRECTO			ADDRI			2So RECID		wellville Wicc SISTRAR 2Sb. REGISTRAR				
	HOLL MAK	100 3 VE	ADANV CA	I TORIIDY M	ADVI	AMD	DATEDE	0.9	2 1000 (877.	<i>R</i> D			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18510 CERTIFICATE OF DEATH 1 DECEASED NAME Middle papers, Pages I and 2 thin 72 hours after Accord deoth. First 2a. DATE OF DEATH 2b HOUR executed within 24 haurs after death (Type or print) 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (in years FUNDER , YEAR T UNDER 24 HRS completely filled in by the last birthday) November 26,1908 White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Maryland USA WIDOWED DIVORCED WICOMICO 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. K ND OF BUSINESS OR ove street address) corbon during most of warking life, even if ret red) INDUSTRY Office Manager Freight Co. 130. USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c GTY OR TOWN 13d. NSIDE CITY LIMITS? 3e STREET AND NUMBER odmission) STATE 13b. COUNTS remove YES [crematian, or removal, and in any 14 FATHER S NAME Midale IS MOTHER'S MAIDEN NAME First dnd Last Middle 2 Wilmer Mollie lease Tilahman Whi te hysician 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (Wife) Address Yes, no, or unknown) [(If yes give wor or dates of service) 0 attending phys Mrs. Fleanor Tilghman, Same as 13e requires that the death cer APPROXIMATE INTERVAL 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND OFATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the c burial-transit p Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF NOT RELATED TO THE TERMINAL DISASE OR CONDITION GIVEN IN PART 1(6) the of Health prior to has been 530 CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 05 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? USe NO [YES [10 FUNERAL DIRECTOR: After this certificate by the haspital or 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ö OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, natify medical examiner) P.M. be detoched 21d. INJURY OCCURRED (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (i) (this haspital) attended the deceased fram 22-113/968, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive onbe retained shauld causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF director, page 3 should be filed ed DEGREE PHYS DIRECTOR PHYS Page 4 may 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) REMOVAL (Specify) Burial 14.1968 Parsons Cemetery Salisbury Wicomico Maryland 24. FUNERAL DIRECTOR 2Sa. RECD BY REG STRAR 2Sb REGISTRAR S VR A15 (4) Milarles HOLLOWAY & COMPANY, SALISBURY, MARYLAND 1968



18198

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

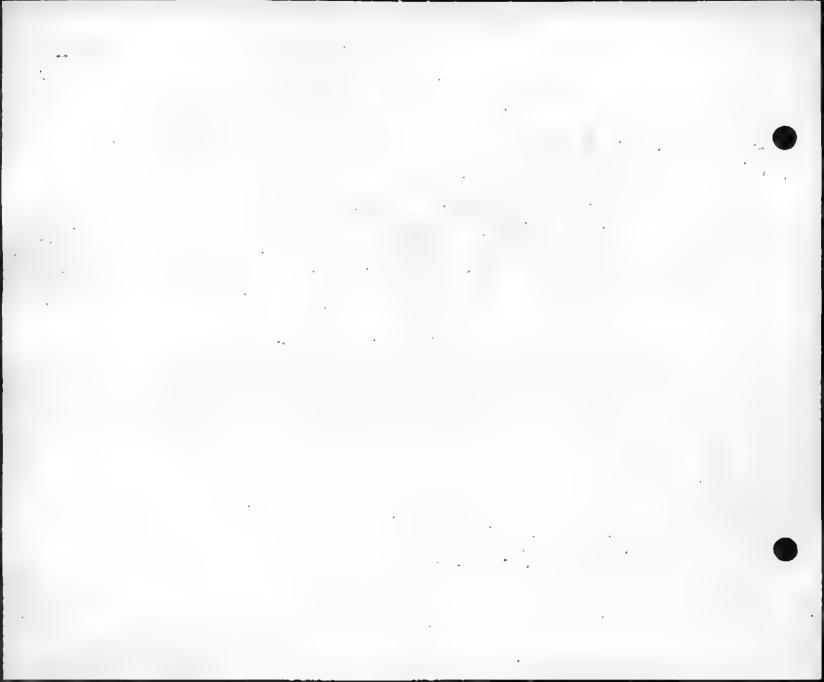
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by t director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pa Should be filed with the State Dept. at Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1				GEIGITI I CO	IL OI DEAIL	1.4		1851				
	ECEASED-NAME	First	Middle		L o st	20.	DATE OF DEATH	A V	2b. HOUR			
Į.	Type or print)	Bertha	Evelua	-To	mlinon		13 - 21	7 - 68 Year	1100 A-M			
3. SE	EX	4 R			DATE OF BIRTH		6. AGE (In years	IF UNDER 3 YEAR				
	Fernale		Cauc.		11-4-1	11	last birthday)	YRS. MONTHS DAYS	S HOURS MIN.			
	BIRTHPLACE (Stote or		ZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 COU	INTY OF DEATH					
	Nilminaton (Dolan Sale	05	WIDOWED			Wicomico	County	Md			
	CITY OR YOWN OF DE		11 NAME OF HOSPITAL OR II			ISUAL OCCU	JPAT-ON (Kind of work d		OF BUSINESS OR			
	£ 11 d		give street oddress)		during	g most of v	vorking life, even it retire	ed) INDUSTRY	Umara			
	USUAL RESIDENCE ON	here deceased lived	Wiconico Wv:	130 CITY OR TO		TTY LIMITS?	13e. STREET AND NUMBER	0	Tronge			
	ission) STATE	La Liáb	COUNTY SUSSEM	Delma	2500	NO 🔄	R+, #2					
14	FATHER'S NAME	Great 14	Middle Lost		NOTHER'S MAIDEN NAM	LE Firet	M.dd	le .	Last			
17 1	A CONTRACTOR OF THE PARTY OF TH	E 11	· //	2 3.1	m-	A - 4	Wilder of the Control	11.	2031			
34-	. WAS DECEASED EVER	THE ADDED FOR	CES? / 116b. SOCIAL SECURITY	(NO 117 INC	ORMANT O	ry	Addre		01/0			
	ies, gg, or unknown)	(If yes give war or dates	of service)		T Parl	A V	Addre	" a d. O	- C.D.			
	110		1 216.48-5	- 14	L rum;	1	innay Kd	1 DEPO	ZYLEY, YZ-LY DXIMATE INTERVA.			
		TH (Enter only one of WAS CAUSED BY:	ause per line for (o), (b), and (<u>)</u>))	1	Ro	-2		N ONSET AND DEATH			
	PARI I. DEATH	IMMEDIATE CAUS	E (a) Longest	erre 1	elest	100	rcierc		with			
	DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if any, which gave) (b) Usterns cleron											
	rise to immediate cause (o), (DUE TO, OR AS A CONSEQUENCE OF											
	lost.	ying coose	(c)									
	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE	OR CONDITE	ON GIVEN IN PART I(o)					
-	4500											
CERTIFICATION	19a. DATE OF OPERAT	TION 196 CONDITI	ON FOR WHICH OPERATION WAS F	PERFORMED	20a AUTOPSY?		206. IF YES, WERE FINDIN	NGS CONSIDERED IN	CERTIFYING			
IFIC					YES NO		CAUSES OF DEATH?					
	23a. ACCIDENT WAS	UNDERLYING 2	1b. TIME OF INJURY	21c. HOW	INJURY OCCURRED (6	Enter noture	e af injury in Port 1 or Po	ert 2, Item 1B.)				
MEDICAL	OR CONTRIBUTING		IOUR A.M. Month Doy Yea	r				,				
MED	(If either, notify me 21d. INJURY OCCUR			ACTORY 1 224 LOCA	TION Street or R.F.D	Mo	City or Tawn	County	State			
	While Nat while	e T	OFFICE BUILDING, ETC.	211. 100	mon Sheet of Kirib	no	City of Town	County	31016			
	at work at work		5. IS 5. T. (s) - (070	1 2 2 2	120 / 14	(1) ())			
	22a. I certify fi	hat (I) (this has	pital) attended the decea	sed from	that in Imulyaur	y <u>10 a</u> ,	loath accurred an th	, 19 <u>67</u> , Tho	If (I) (We) last			
	couses sta	ted above AD (s	ve) (did) (did nat) view the	badv after de	ath.	opiniun	aeam accorreg an m	e date and nou	t and Ham me			
	22b SIGNATURE	-177	6	- WO				22c. DATE SIGNED				
	7 lana	11 (4/1	2 document	DEGREE	ATTENDING PHYS.	MED. DIRECTO	STAFF D					
1	22d PHYSICIAN'S	1	1/		22e. ADDRESS	DIRECTO	(11)					
U	NAME (Type)											
230	BURIAL, CREMATION	. 23b. DATE	. 23c NAME O	F CEMETERY OR CE	EMATORY	23d	LOCATION (City or Town)	(County)	(Stote) A			
1	REMOVAL (Specify)	12/2	9/68 Ime	17 m.1	L Com.	200	20	I again	10			
24	PUNERAL DIRECTOR	1/2/2	ADDRES	s	1 25a. REG	D BY RECI	STRAR ZSb_ REGUST	DAR'S SIGNATURE	our			
47.	1//00 -	MM	1 2	106	DATE	JEC 3	1 1968 72	liarley !	mage			
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18512 DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR (Type or pnnt) Sandy 4 RACE 6. AGE (In years IF UNDER 1 YEAR SEX S. DATE OF BIRTH last birthday) MONTHS DAYS ugust carban papers. Pág ent, within 72 hours e executed within 24 hours physician and campletely filled in by 1 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED U.C.A. rvl-nd WIDOWED [DIVORCED Wicomico 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Peninsula 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Salisbury General Hospital ı bor 30 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b COUNTY YES [NO E please remove 14 FATHER'S NAME Middle Midd1e Lost 15. MOTHER'S MAIDEN NAME First o ndv ters Sarah dobinson requires that the death certificate burial, cremation, or removal, and i 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes no, or unknown) (it was drive war or dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH signed by the attendii burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the neu momia 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES detached for use te Dept. af Health 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM STREET FACTORY.) 21f LOCATION Street or R.E.D. No. City or Town County State While Nat while at work at work O HOSPITAL OR ATTENDING 22a. I certify that (1) (this tepital) attended the deceased from Dec 1907 to Dec 5 , 19 Co , that (1) 1968, and that in (my) (apinion death accurred an the date and hour and from the saw the deceased alive on. director, page 3 shauld should be filed with the causes stated above, (I) (see) (did) (district) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF MED. DIRECTOR DEGREE PHYS 22d. PHYS CIAN S 22e-ADDRESS NAME (Type) 23b DATE LOCATION (City or Town) (Stote) 230 BURIAL, CREMAT ON, 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) uantico untico FUNERAL DIRECTOR VR A15 (4)(8 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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3	. SEX	Male		4. RACE	White			S. DATE OF B.	irth 22, 1	892	6 AGE (In lost both	years day) YRS.	IF UNDER 1 YEAR MONTHS DAY	
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10	3a U Idmis:	ISUAL RESIDENCE sion) STATE	(Where decease Md .	d fived, if in	stitution Residence	e before	sali	sbury	13d. INSIDE CITY LI	M ¹⁷⁵⁷ 13e S Rt	reet and ni 3 Sł		x Road	d
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		PART 1. DEA	ATH WAS CAUSED IMMEDIAT		per line for (a), (b)	and (c).)	rdi	-ac-	Arr	est			APPRO	DXIMATE INTERVAL IN ONSET AND DEATH
		Conditions, if an inset to immedia thating the understating the understati	y, which gove) ate couse (a),	(b)	OR AS A CONSEQU		Qa Ci	rdea D	4	esserf.	fise	ne	2	yes
	- 1	PART 2 OTHER : 444-3 90. DATE OF OPE	X		RIBUTING TO DEAT			O THE TERMINA				` '	ONSIDERED IN	CERTIFYING
3	CERTIFICATION	?1o. ACCIDENT V	WAS UNDERLYING	21b. TI.	ME OF INJURY		214	YES TOW INJURY OC			S OF DEATH?		Item 181	
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1		While Not wat wat wat w	ark 🗀		URY (AT HOME, FARM OFFICE BUILDING			OCATION Street		/	or Town		County	Stote
		22a. I certify saw the causes s	that(I) (this deceased ali stated abave;	ve on (1) (we) (attended the did) (did nat) vi	decease 1' ew the l	d from 9	nd that in (m death.	2, 19 <i>£</i> y) (aur) api	; ≱, ta nion death	accurred o	, 19_ in the do	the and hou	at (I) (we) ir and from
		22b. SIGNATURE	-711	(3	BS	Zu	ets.	ATTENDII		IED.	STAFF PHYS.	□ 22c.	DATE SIGNED	168
name Page		22d. PHYSICIAN'S NAME (Type						22e. ADC	RESS					
		BURIAL, CREMATI REMOVAL (Specific BUT 1 &	1 12	ATE 2-4-6	8_ A	lle		ch. Ch			len	Wi	(County) C。Cみ。	
8	24. F	UNERAL DIRECTO Th		. Wa	llace.	Sal:	isbui	y,Md.	DATE C	3 REGISTRAPS	68 ^{25b}	CCIRAR 9	SI OWAT DRE	7

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to exertted within 24 hours after death. Page 4 may be retained by the haspital or attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18514 DECEASED NAME First Inst 2n. DATE OF DEATH 2b. HOLLR (Type or print) ecember 3 SEX A RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS 70 BiRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED (guntry) DIVORCED [WIDOWED [Comic. IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR requires that the deoth certificate be executed within by the ottending physician and completely ful ransit permit. Then please remove corbon p que street oddress) during most of working life, even if retired) INDUSTRY event, 1 136 JSUAL RESIDENCE (Where, deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY IDMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY Route ond in ony 14 FATHER'S NAME Middle IS MOTHERS MAIDEN NAME First 1.05 Middle Last 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO S INFORMANT Address Yas no er unknown) (If was give war or dotus of service) ar removal, APPROX MATE NTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, Conditions, if any, which gove) nse ta immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed | buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 165 Page 4 may be retained by the hospital or attending has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7] NO 🗔 O FUNERAL DIRECTOR: After this certificate 21a. ACC DENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) PM. 21d NJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County Stote While Not while at work 220 I certify that (1) (this hospital) ottended the deceased fram... that (I) (we) jast , and that in (my) (our) opinion death accurred on the date and hour and fram the saw the deceased alive an_ causes stated above (1) (we) (did) (did not) view the body ofter death 22c DATE SIGNED DEGREE DIRECTOR PHYSIC AN 22e ADDRESS 230 BUR AL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town W/000 710255 2So REC'D BY REGISTRAR 25Ь REGISTRAR S. S.GNATURI



